V. S. No.

N.

PLACE OF DEATH

County Dorellaston	CERTIFICATE OF DEATH
	Registration Dist. No.
2FULL NAME John Alfred Abbo	St.: Ward) (If death occurred is a hospital or institution, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mes les White Single, MARRIED, MIDOWED.  OR DIVORCED (Write the word)	16 DATE OF DEATH Sept. 9, 1930 (Year)
Month) (Dsy) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  1930 to Self 8 , 1930 that I last on have alive on fight 8 , 1932.
yrs. / D mos. 2 ds. or min.?  OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry  business, or establishment in	and that death occurred on the date stated above, at
which employed or (employer)  BIRTHPLACE (State or country)  Droke to Bo leek	Contributory Secondary  (Durstion) Jys. mos. ds
10 NAME OF FATHER Sauce Affall  11 BIRTHPLACE OF FATHER	(Signed). M. D. M. D. State the Disease Causing Death, or, in deaths from
(State or country) Aorafactor for Just 12 MAIDEN NAME OF MOTHER Marquette June	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  A THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrsds. In the Stateyrsds  Where was disease contracted, if not at place of death?
(Informant) heree tobbook	Former or usual residence
(Address) Blesse Breck  15 Filed 10 1980 ESWolf Registrar	Jayland Glove Sep10, 1930 20 Jundertaker Jouand Rulloudh acek
If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

16338

STATE OF MARYLAND



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more record mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write Nonc. household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Locomotive engineer, But in Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with isspect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

VITH L

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on (Recommendations on statement of cause of death tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY . (name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory affection need valvular heart Nomenclature of the not be disease;

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If more banks are needed, addross State Registrar, 16 W. Saratoga St., Baltos, Requesting V. S. No. 1.

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fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, en at home, who are engaged in the duties of the er," etc., Never return 'Laborer," "Foreman," "Nanager." "1 Neal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engincer. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeeper's who receive a worked on may form part of the second statement. Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (re-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal Mine, etc (b) Cotton mill; (a) without more precise specification as Duy For persons who have no occupation (b) Stationary froman, etc. But in many Automobile factory, Salesman. (b) Locomotive engineer, The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carchrospinal fever (the only definite synonym is "Epidemic cerebrospinal maningitis"); Diphilaria (avoid use of "Croup"); Tuphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease tetunus) may be stated under the head of "contributory as fracture of skull, and consequences (e.g., sepsis, curbolic acid-probably succide. The nature of the injury, accident; Revoiver wound of head -homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarconu,, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train State eause for which surgical operation was under-Whooping cough; approved by Committee on (Recommendations on statement of cause of death American Medical Association.) ..... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Nomenclature of the

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	PLACE	OF DEAT	гн			
	County.	nenes	T.			
Vil	lage or City	Eish	ightee	le (No	0	_
	2FU	LL NAME	mas	ng B	ettr	1 a
	PERSOI	NAL AND	STATISTI	CAL PA	RTICUL	ARS
7	emae	4 COLOR	OR RACE	OR DIV	ED. MC	mizd
6 1	DATE OF BIR		ciol	~~·	15	, 1875
Special control			(Month)	(	Day)	(Year)
7 /	GE	55 yrs.	2 .	nos.		If LESS the 1 dayhr ormin
X	b) General n	ofession or d of work ature of ind establishment red or (emplo	ustry		m	······································
9 E	(State or co		anze	lus.		
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RENTS	OF FATH (State o	ACE		rlan	0	
PARE	12 MAIDEN		noli	0	Ras	·m
	13 BIRTHPI OF MOTE (State or		ma	ngl	and	>
14	THE ABOVE	IS TRUE TO		0	KNOWLE	DGE

193 0

STATE OF MARYLAND

CERTIFICATE	OF	DEATH

Registration Dist. No. 115

Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

16 DATE OF DEATH	19230
	(Day) (Year)
· L Que . 10 183 0 to 10	
that I last saw h walive on Joac.	7 6 1928 9
and that death occurred on the date states	1 shows at 140 P. m.
The CAUSE OF DEATH * was as follows:	abovo, at
Circlosis of Times	
••••••••••••••••••••••••••••••••••••••	/
(Duration)	yrs & mos ds.
Contributory	
Secondary	
(Signed) (Signed) (Address) (Address)	M. D.
*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from ajury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospi	tals, Institutions, Trans-
At place In the of deathyrsds.	tads.
Where was disease contracted, if not at place of dea.h?	
Former or usual residence	· • · · · · · · · · · · · · · · · · · ·
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Fishing Cuck me	ADer. 58, 1030
20 UNDERTAKER	ADDRESS
· allanon	Rose prima

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Registra

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Colton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a additional line is provided for the latter statement; it Civil engineer, Physician, Compositor, Architect, etc., report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on 3781. that fact may be indicated thus; Farmen (rewithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Stritement of Cause of Death—Name, first, the Disease in vuring Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros and fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia)."

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite discase tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, ..... (name origin; "Cancer" is less definite; avoid approved by Committee on as fracture of skull, and consequences (e g., sepsis, carbolic acid - probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always quilify all (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Aecidental drowning; Struck by railway train-State cause for which surgical operation was under-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) Chronic valvular heart disease; etc. The contributory affection Nomenclature need not be

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PLACE OF DEATH Village or City cate PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED 6 DATE OF BIRTH that I last saw h (Day) (Year) IlfLESS than 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows: ed supplied in terms See Instr 8 OCCUPATION (a) Trade, profession or particular kind of work refully in plai (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 2011 OG 0 11 BIRTHPLACE OF FATHER PARENT Wolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. S SUS ON (State or country) 12 MAIDEN NAME OF MOTHER orm cup jents or Recent Residents) 13 BIRTHPLACE In the OF MOTHER of death .. ...yrs......mos......ds. (State or Country) Where was disease contracted, if not at place of death?. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Every it CIANS stateme BURIAL OR REMOVAL If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

**ERMANEN** 

RESERVED

MARGIN

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-.....Ward) tion, give its NAME in-stead of street and

number.) MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY, That Lattended the deceased from and that death occurred on the date stated above, at ... the Disease Causing Death, or, in

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

work, tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Bogmotive engineer, Civil engineer, Stationary fremon, etc., But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of whatever, write None. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the account statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an tion applies to each and every business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as (b) Stationary fremon, etc. For persons who have no occupation Automobile Judory. The material Laborer-Coul mine, etc. Womperson, irrespective of As examples: (a) (b) Grosery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," " causing approved by Committee on Nomenclature of the (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences te g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY "Atrophy." "Collapse, perilonacum, etc., Corcinoma, Sorcoma, Never report mere symptoms or terminal condi death), 29 ds.; Bronehopneumonia (secondary) " "Weakness," etc., when a definite disease "Marasmus," "Old Age," "Shock," Chronic " "Coma," "Convulsions, valvular heart affection need not etc. The contributory discase ; etc., of

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Dar chester EXACTLY, F Registration Dist. No. (No. Eastern Shore State Hospitalst: Ward) or City Cambridge (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and certificate Abraham Allen number.) <sup>2</sup>FULL NAME proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, be July 27. , 19230 ould be may be n back WIDOWED. OR DIVORCED (Write the word) / 1dowed White (Month) (Day) (Year).... I HEREBY CERTIFY, That I attended the deceased from it 6 DATE OF BIRTH October 4, 1929 to July 27, ,19230 ACE s that I last saw h 111 alive on July 27, 192 30 rms so that (Year) and that death occurred on the date stated above, at X . 25 Pm. Ilf LESS than 7 AGE upplied. I day hrs. The CAUSE OF DEATH \* was as follows: or min.? Cerebral arterio-sclerosis 8 OCCUPATION (a) Trade, profession or particular kind of work ... Faria Labor Gr plai (b) General nature of industry business, or establishment in Several yrs (Duration) 2 importa which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) Pe EA Delaware DO 10 NAME OF (Signed). shoul E OF FATHER 11 BIRTHPLACE \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER ENT ON ON (State or country) Lelaware 12 MAIDEN NAME C 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER ients or Recent Residents) infort stat 13 BIRTHPLACE At place Since October OF MOTHER vrs.......ds. Delaware (State or Country) hould of of Where was disease contracted, ueen Anne Co. if not at place of death?..... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Every item CIANS sho statement usual residence Chosene ke City Hospital Records (Informant) Cam rid e. 1d. (Address) m If more blanks are needed, address State Registrer, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchyospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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should be used only when needed. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer ar Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, additional line is provided for the latter statement; if nature of the business or industry, and therefore an Civil engineer, Physician, Compasitor, Architect, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed wark, or At Hame, and children, not gainfully emdefinite salary), may be entered as Hauscwife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealployed, as At school, ar At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write Nanc. business, that fact may be indicated thus; Furmer (byor given up on account of the DISEASE CAUSING DEATH. report specifically the occupations of persons en-Fareman, (b) Autamabile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation (b) Catton mill; (a) Salesman, without more precise specification as Stationary fireman, etc. But in many Locamotive engineer, As examples: (a) (b) Grocery,

Statement of Cause of Death—Name, first, the insert causing Death (the primary affection with respect to time and causation), using always the same accepted tern for the same disease. Examples: Corobrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup Typhoid fener (never report "Typhoid Pneumonia"); Lobar preumonia, Branchopneumonia ("Pneumonia,")

inges, perilanaeum, etc., Carcinoma, Sarcama, etc., of ...... (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculasis of lungs, menatic), "Atropny, Oungles," etc.), "Dropsy," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Haemorrhage," "Haemorrhage," "Shark!" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchapneumonia (secondary), as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritantis," etc. can be ascertained as the cause. "Uraemia, "" "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock Chronic interstitial nephritis, Whoaping caugh; approved by Committee on (Recommendations on statement of cause of earbolic acid-probably suicide. The n.ture of the injury, Examples: Accidental drawning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chranie valvular etc. The contributory Nomenclature Always qualify all heart disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

GIANS should state SE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPA IN it way important. See instructions on back of certificate. PERMANENT BINDING MARGIN RESERVED FOR TH UNFADING INK---THIS IS WRIT 7. S. No. 1 22

PLACE OF DEATH County orchester	05474 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. // 6
Village or City Church Ensech	St.: Ward)  (If death occurred is a heapital or institution, give its NAME in steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male loc STINGLE, MARRIEDE WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Way 70, 1930  (Month) (Day) (Yesr)  17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  6 LESS than I day, hrs. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration) yrs. mos. 7 ds
10 NAME OF Sally  11 BIRTHPLIE  OF FATHER  (State or country)  W. S. State or Country)	(Signed)
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos. ds. State yrs mos. ds  Where was disease contracted, if not at place of death?
(Address) Church Creek	Former or usual residence
15 Filed May 22 1920 ERWolff Registrai	20 UNDERTAKER Prhases Clark Cocks  16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Gravery; sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House en at home, er," etc., without more precise specification as Day worked on may form part of the second statement. Never return 'Laborer,'" "Foreman," "Manager," "Dealadditional line is provided for the latter statement; if nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary Jirenan, etc. Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Farm leborer, Laborerspecifically the occupations of persons en-Compositor, Architect, Locomotive engineer who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc Wom-But in many

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synchym is "Epidemic cerebrospinal meningitis"); Diphlieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pheumonia"); a shar pneumonia. Bronchopneumonia ("Pneumonia,"!

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy." "Collapse." "Coma," "Convulsions, stated unless important. Example: Measles (disease inges, peritonacum, etc., Carcinoma, Sarconu, etc., of (Recommendations on statement of cause of telunus) may be stated under the head of "contributory. as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meusles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Examples: Accidental drowning; Struck by railway train-Whooping cough; American Medical Association.) .... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Committee on Chronic etc. valrular heart disease; Nomenclature The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate in permanently filed.

PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  MARRIELS  MARR	PLACE OF DEATH County Down Rester Village or City Churchy County Mar	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. // 6  St.: Ward) (If death eccurred in a hospital or institution, give its NAME instead of street and number.)
SEX  4 COLOR OR RACE  SHIPLE WINDWES OR DIVORCED (Write the word)  10 DATE OF DEATH  11 HEREBY CERTIFY, That I attended the decreased from 192 to 192 that I last saw h alive on 192 that		MEDICAL CERTIFICATE OF DEATH
(Nonth) (Day) (Year)  (Nonth) (Par) (Hall stars which alive on 192 and that death occured on the date stated obove, at 192 and that death occured	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH (Month) (Day) (Year)
The CAUSE OF PEATH * was as follows:    Concernation   Concernation   Concernation   Concernation   Contributory   Contributor	June 2 2 , 1930	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  (State or country)  13 BIRTHPLACE OF MOTHER  (State or country)  (Informant)  (Address)  (Informant)  (Address)  (Address	yrs. 3 mos. 3 ds. or min.?	The CAUSE OF DEATH * was as follows:
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF M KNOWNLEDGE (Informant)  (Address)  16 NAME OF FATHER  State the Disraso Causing Death, or, in deaths from Violent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.  15 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transmients or Recent Residents)  At place of death yis mos. ds.  Where was disease contracted, if not at place of death?  Former of usual residence.  18 PLACE OF BURIAL OR REMOVAL  ADDRESS  ADD	particular kind of work.  (b) General nature of industry business, or establishment in which employed or (employer).	Mo further information CouGR.  (Duration) yrs. mos. ds.  Contributory Secondary
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  (Informant)  (Informant)  (Address)  OF MOTHER (State or country)  (Address)	10 NAME OF RUSSELL Backs	Sep. 29 1920 (Address) lean his dye, mg
At place OF MOTHER (State or country)  Where was disease contracted, if not at place of death?  (Informant)  (Informant)  (Address)  (Address)  At place  At	(State or country) Mary Cond  12 MAIDEN NAME Mary Permitten	LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
(Informant) Russell Oailer Former of usual residence	OF MOTHER (State or country) Wouldand	At place In the State yrs ds. State yrs ds. Where was disease contracted,
(Address) Waleson Con Vagaty 1930	(Informant) Rusself Oxilly	Former or usual residence
	(Address)	Madeion Con Tep 1930 20 UNDERTAKER Richard Cleuch Com Drialy Richard Cleuch Com

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the lired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servent, Cook worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: a Spinner, (b) Cotton mill; (a) Salesman. (b) Gravery. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile fuctory. or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation The materia

Statement of Cause of Death—Name, first, the pisser causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease can be ascertained as the cause. "(Exhaustion," "Heart lallure, "Shock," "Shock," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" accident; Revolver wound of head-homicide; Poisoned by 10 ds. Never report mere symptoms or terminal condi-tions, such as "Asthenia," "Anaemia" (merely symptomor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as causing use of "Tumor" for malignant neoplasms); inges, perilonacum, etc., Carcinoma, Sarconu, etc., of approved by Committee on (Recommendations on statement of cause of death letunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepses, curbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Chronic interstitial nephritis, .... (name origin; "Cancer" is less definite; avoid hooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, death), 29 ds.; Bronchopncumonia (secondary) ("Congenital," ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic valrular heart 'disease, etc. The contributory Nomenclature of Always qualify all Measles;

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X		F sl- d. Exact
	ORD	EXACTLY, ly classified ficate.
NDING	TRAE KINLY WITH UNFADING INKTHIS IS PERMANENT	Every item of information should be carefully supplied. ACE should be stated EXACTLY, F CIANS should state LUSE OF DEATH in plain terms so that it may be properly classified. Existement of OCCUP CON is very important. See instructions on back of certificate.
D FOR BI	HIS IS PE	lled. ACE shins so that it
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MARGIN	TH UNFADI	should be ca E OF DEATH Is very impo
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1PLACE OF DEATH County Ow Chustry	
THE OF City Cambuly (No. Cam	lml
2FULL NAME May Baltin	<u>~1.</u>
PERSONAL AND STATISTICAL PARTICULARS	
SEX 4 COLOR OR RACE 5 SINGLE.  MARRIED, WIDOWED. OR DIVORCED (Write the word)	18 (
DATE OF BIRTH JELY 26#	17
Month) (Day) (Year)	tha
yrs. 1 mos. 2 5 ds. or min.?	and The
OCCUPATION (A) Trade, profession or formula bearticular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	******
BIRTHPLACE (State or country)	
10 NAME OF FATHER MONIAS ONES  11 BIRTHPLACE OF FATHER (State or country)	(Sign
OF MOTHER Stella Ballimore	18 I
13 BIRTHPLACE OF MOTHER (State or country)	At post of d
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if n
(Informant) for Record  (Address) Cambridge Mil.	usua 19 F

#### STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) Ward)

MEDICAL CERTIFICA	AIEO	DEATE	1
18 DATE OF DEATH		14	, 19 <b>2</b> )
·(Month	)	(Day)	(Year)
17 I HEREBY CERTIFY, That	t I abter	ded the	deceased from
192to	M	1214	, 1927
that I last saw h alive on			19230
and that death occurred on the date	stated a	bove, at	7-13 1.
The CAUSE OF DEATH * was as follo	TATE ?		
Imenuny, in	of e	low	1
Tryv. Dulyman	ti.		
		*************	
Contributory (Contributory	)	378	mosdi
	mi	mil	47
Secondary			
(Duration	)	.yrs	.mosd
(Signed)	ute		
(Signed) (Address)	Car	ulnily	me,
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.			
18 LENGTH OF RESIDENCE (For	Hospital	ls, Institu	tions, Tran
ients or Recent Residents)			
At place of deathyrsmosds.	In the	WPa	d
Where was disease contracted.	Dinte.	yı =	
if not at place of death?			
Former or Useum, M.	1,		ho+o+ooooooooo
19 PLACE OF BURIAL OR REMOVAL		DATE O	F BURIAL
Vinne Mrd.		9/16	7.
		1/10	, 193
2D UNDERTAKER		ADDRESS	
H. H. Melunchely		The ho	andet m

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

tetanus) may be stated under the head of "contributory." approved by carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important Example: Measles (disease ingcs, perilonaeum, etc., Careinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "Uracmia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Whooping Examples: Accidental drowning; Struck by railway train— Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic Committee on Nomenclature of the chopneumonia (secondary), affection need not be etc. The valvular heart disease; Always qualify all contributory

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PLACE OF DEATH County Doublestee	07951 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Clerecch Break 2FULL NAME Infant Box	Registration Dist. No. // (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR BACE SINGLE ANGLE MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 197 , 197 0 (Month) (Day) (Year)
6 DATE OF BIRTH  Aucly 1, 1930  (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from
7 AGE   If LESS than   I day hrs.   ds.   or min.?	and that death occurred on the date stated above, at
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.  Contributory Secondary
(State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)	(Signed) (Address) M. D.  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME FACTOR TOWNS  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos. ds. State yrs mos. ds.  Where was disease contracted,
(Informant) Check Creek	Former or usual residence.  19 PIACE OF BUBIAC OR REMOVAL DATE OF BURIAL Published Sulph S
Filed Left 8 19230 S. S. Wooff Rogistras	20 UN DERTAKER Church Cheech Cocor, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Luborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (o) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); approved by Committee on carbolie acid-probably suicide. The n .ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Aecidental drowning; Struck by railway train-(secondary or Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY g cough; Chronic interstitial nephritis, intercurrent) affection need not be etc. The contributory valvular heart Nomenclature of the disease; Measles ;

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N. B.-

PLACE OF DEATH	05475 STATE OF MARYLAND
County Orchester	CERTIFICATE OF DEATH
	Registration Dist, No.
Village or City Dainbudge (No. 13	St: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Suran Horthung	shou Sarton stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemal White Strington or processing of the string of the s	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h alive on 1927,
7 AGE   If LESS than	and that death occurred on the date stated above, at 1,40 m.
75 yrs. 3 mos. 4 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Homeurfe Particular kind of work	
(b) General nature of industry	40
business, or establishment in which employed or (employer)	Contributory Corumna Alluste ( Ruman)
9 BIRTHPLACE (State or country) Manyland	Secondary (Durstion) yrsmosds.
10 NAME OF Joshigh Riffice	(Signed) M. D. (Address) Carrends M. D.
of FATHER (State or country) Manyland	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Sarah Meliam Mark	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Manyland	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) Miss Minne Hooopy	Former or usual residence
(Address) Balts. Md.	Cambridge Md May 5 , 1930
15 Filed May 3 108 E Elwolf Régistrai	1. 76. Hillis Bry Cambridgey
If more b.anks are needed, addre. s htate Registra	r, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., Physician, Compositor, Architect, Locomolive engineer, whatever, write None. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestie service for wages, as Servant, Cook, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation 6)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise\_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, aceident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Whooping cough; approved by as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) Examples: Accidental drowning; Struck by railway train— (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Nomenclature Chronic valvular heart disease; etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREA

S. No. 1

N. W.

PLACE OF DEATH	04205 STATE OF MARYLAND
County Dorchester	CERTIFICATE OF DEATH
4. 0:00	Registration Dist. No. 110
2FULL NAME Claudell Bal	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in stead of streat and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCEDOUGLE (Write the word)	16 DATE OF DEATH AND 1980 (Year)
6 DATE OF BIRTH  Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930 to 23 , 1320 that I last saw h Malive on 9/23 , 1930
yrs. 8 mos. 5 ds. or min.?	The state of the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. Z. ds.
9 BIRTHPLACE (State or country)  1 10 NAME OF	Contributory Secondary (Duretion) yrs mes ds.
FATHER John Balbou!	(Signed), M. D. M. D. 1922 (Address) Federally ly
OF FATHER (State or country)  12 MAIDEN NAME  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER While Governory  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah?
(Informant) John Poats ou (Address) Rhodes dale Jud. B. B.	Former or usual residence
15 Filed Ofred 28 19230 T. L. Hashingin	20 UNDERTAKERS ADBRESS LANDRESS DECENTION DECENTION
If more blanks are needed, address State Registral	r, 10 W. Saratoga St., Palto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more previous and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, rner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., o diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory affection need valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	01577 STATE OF MARYLAND
County Directurale	CERTIFICATE OF DEATH
The section beautiful discontinuous	(160)
	Registration Dist. No
Village or City Near Cotton (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
2 FULL NAME Hogel Frances Bols	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
hand Cof WIDOWED. Single	Feb 24, 1930
(Write the word)	(Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
100- 17 . 1929	, 192, to, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
AGE [If LESS than	and that death occurred on the date stated above, at 4.00 f.m.
l day hrs.	The CAUSE OF DEATH * was as follows:
yrs, 3 mos. ds. or min.?	
occupation (a) Trade, profession or	found dood in bed
particular kind of work	no plusician
(b) General nature of industry	0 00 0 0 0
business, or establishment in which employed or (employer)	Sufficented from weather out. yrs. mos. ds.
BIRTHPLACE	Contributory Unknown/ Cross B.
(State or country)	Duration yrs. mos. mos. de.
1 10 NAME OF	Trabilit Dating Tracher
FATHER LONG BOLLING	(Signed) 10 must recently 2 19 4 miles.
11 BIRTHPLACE	Ash & 1930 (Address) Hitilolis Ma
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Bernice Campes	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) #34 dquill Del	of deathyrsmos,ds. Stateyrsmesds. Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
Propries	Former or usual residence
(Informant) descer 18 also	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Jak Grow R D	Cokestry und Let 25- 1930.
Filed Jel 29 1930 Robert & Horling	20 UNDERTAKER ADDRESS  Lastin Balania Date Grove ADD
The state of the s	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
if more blanks are needed, address State Registral	to its mararoke med marrold tradensemile

(Approved by U. S. Census and American Public Health Association.)

work, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an Physiciam, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Colton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," Uta Age, SHOUK, "Uraemia," "Weakness," etc., when a definite disease "Deblity" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Whooping cough; as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY (Recommendations on statement of cause of American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, or intercurrent) affection need not be ss important. Example: *Measles* (disease Chronic valvular heart disease; etc. The contributory Always qualify all

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PLAC	CE OF	DEATH	
County &	Dwo	leerter	

09156

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Cambri & gr (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE.  MARRIED.  WIDOWED.  OR DIVORCED  (Write the word)	16 DATE OF DEATH Quy 27 , 1934 (Month) (Day) (Year)
(Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from MA at all 192 to , 192 , that I last saw h alive on , 192 ,
Slittyrsbrm. mos. ds. or min.?	0.
occupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
10 NAME OF FATHER Walliam Batson	(Signed). L7 1920: (Address) Cambrile, Ind.
OF FATHER (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Voolen  13 BIRTHPLACE OF MOTHER (State or Country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  William Bolton	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the State yrs mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) without more precise specification as Day Compositor, Architect, Locomolive Automobile factory. The material person, irrespective of engineer, Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: \*Cerebrospinal fever\* (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Mcasles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicucmia," "PUERPERAL perilonitis, "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephralis, unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homierdc; Poisoned by Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all approved (Recommendations on statement of cause of death American Medical Association.) " "Marasmus, " "Old Age, " "Shock," Committee on Chronic etc. valvular heart disease Nomenclature The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Filed Dec 31

PLACE OF DEATH County Dorchester	14911 STATE OF M	
Village or City Woodand (No	Registration I	(If death accurred in
2FULL NAME Mary 6. B.	ayly	tion, give its NAME In- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
S SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH	19, 1880
(Write the word)	(Month)	(Day) (Year)
DATE OF BIRTH	Dec 17 1910. to D	ce 29 1880.
(Math) (Day) \(\tau(Year)\)		17 , 1920,
7 AGE     If LESS than		11 1
l day hrs.		and the same of
26 yrs. 4 mos. 4 ds. or min.?		
(a) Trade, profession or	Unberculous.	- Vulumay
particular kind of work (b) General nature of industry	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	L
business, or establishment in	(Duration)	yrs. I mos # de.
which employed or (employer)	Contributory	
S BIRTHPLACE (State or country)	Secondary (Duration)	we mos de
10 NAME OF	for K AT	ira la Mo
FATHER George Jegmour	(Signed) (Address) Co	es laboration in D.
II BIRTHPLACE OF FATHER		or, in deaths from
Z (State or country)	*State the Disease Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	ury and (2) Whether
of MOTHER Jarah 6- Cornish	18 LENGTH OF RESIDENCE (For Hospit ients or Recent Residents)	als, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place In the of deathyrsmosds. State	yrsmosds.
(State or Country)	Where was disease contracted,	
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?	#** * # # # # # # # # # # # # # # # # #
(Informant) Other Officer	usual residence	DATE OF BURIAL
11/1/201	19 PLACE OF BURIAL OR REMOVAL	LA C 34

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed whatever, write Nonc. Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the -Coal minc, etc. (6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,");

data is essential and must be obtained before the certificate is permanently filed

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent turther correspondence. All the inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be stated unless important. Example: Mcasles (disease use of "Tumor" for malignant neoplasms); "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus, Old Age, Shock, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association.) approved: by (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway train-"Exhaustion, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; " "Marasmus, " "Old Age, " "Shock," Committee on Nomenclature "Heart failure," "Haemorrhage," Chronic etc. The contributory valvular heart Measles ; disease;

S. No.

PLACE OF DEATH	STATE OF MARYLAND
County Dorchester	02875 CERTIFICATE OF DEATH
Jacob M. Co	Registration Dist. No. 110
Village or City Williamstrus (No.	St.: Ward) (If death occurred in
2FULL NAME Serge Bray	ward) a hospital or institu- tion, give its NAME is- steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX  4 COLOR OR RACE  S SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
mar 8° , 1929	May 8 1950. to 192
(Month) (Day) (Year)	thet I last saw humalive on
7 AGE III LESS than	The state of the state of above, at
onl yrs. O mos o day hrs.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Brush Premen
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration)
FATHER Elbert Bayrard	(Signed) (Signed) M. D.
OF FATHER	Mar 10 193 (Address) followledly May
Z (State or country)	*State the Pissase Causing Death, or, In deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidentel, Suicidal or Homicidal,
of Mother wary Elley Boston	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Eddert Bayrard	Former or usual residence
(Address) T'e de rala Parez Que Pt. 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more bianks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwhatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory:" stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid approved by Committee on "PUERPERAL septicaemia," "PUERPERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Atrophy," "Collapse," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic ," "Coma," "Convulsions, etc. The contributory affection need valvular heart disease; Nomenclature of the not be

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"Debility" ("Congenital," "Senilc," etc.), "Drcpsy,"
"E.haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, ctc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The Always qualify all contributory

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V. S. No. 1

Skact

-	/ PLACE OF DEATH	19358 STATE OF MARYLAND
	/ County Pucherly	CERTIFICATE OF DEATH
	WITHIR CORPORATE LIMITE OF	Registration Dist, No. 146
1	Village or City Cauchile (No. Mr.	O - it-that
/	2FULL NAME Mrs Saura. B. Po.	Ward)  (if death occurred I a hospital or institution, give its NAME is stead of street an number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Jensh Litt Single, Married, Wildowed, OR DIVORCED (Write the word)	16 DATE OF DEATH Queg 9 , 1937 (Month) (Day) (Year)
	6 DATE OF BIRTH	17 A HEREBY CERTIFY, That I attended the decaased from
	(Month) (Day) (Year)	that I last saw h W alive on any 9- 1920
	7 AGE   IfLESS than	and that death occurred on the data stated above, at 11.15 a m
	I day hrs.	The CAUSE OF DEATH * was as follows:
1	wt yrs. mos. ds. or min.?	Val. Haar process but loss
	(a) Trade, profession or particular kind of work	of componsation.
-	(b) General nature of industry	***************************************
	business, or establishment in which employed or (employer)	(Duration) yrs. mos ds
	9 BIRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF ATHER ALL	(Signed) Lus Stelle M. D.
i	U II BIRTHPLACE	8 9 (Address) Camputy & Mile,
	OF FATHER (State or country)  12 MAIDEN NAME  0 0	State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER No port- hickups	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recant Residents)
	13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. Stateyrsmosds
	(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	20.1 1. 122 2000	Former or usual residence
	(Informant) 19 auch 1000	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Carrhyle of + D.	Cambridge pd. R.F.D ang 11. 1836
	Filed Gy. 11 1921 Selval 1921 Registrar	Trush & altrigh Carryly by
	If mora blanks are needed, address State Ragistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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er," etc., Wilnow Laborer, Laborer—Coal many laborer, Farm laborer, Laborer—Coal many laborer, the laborer at home, who are engaged in the duties of the many laborer at home, who are engaged in the duties of the laborer. fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation (a) the kind of work and also (b) the

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> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on tetanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory affection need valvular heart Nomenclature of the disease; not be

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V. S. No. 1

SI- Si- Si-	1 PLACE OF DEATH County Dr Chrlis
CTLY, R	Village or City Laufuily
d EXA	2FULL NAME LU
ate	PERSONAL AND STATIST
NEN NEN Se st	3 SEX 4 COLOR OR RACE

1	63	4	2
(	56		

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:	Ward)	(If death	

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 16 , 1927
6 DATI	(Month) (Day) (Year)	that I last saw h has alive on 9 16 - 30 , 192
7 AGE	yrsmosds. ormin.?	The CAUSE OF DEATH * was as follows:
(a) T partic (b) C busin	rade, profession or cular kind of work ceneral nature of industry cess, or establishment in h employed or (employer)	Ouration) Tree mos de
(8)	HPLACE tate or country)	Contributory Secondary (Duration)
10 11	BIRTHPLACE BIRTHPLACE BIRTHPLACE	(Signed) Stelle M. E. 9 16 1937 (Address) Campby My.
H 12	OF FATHER (State or country)  MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13	BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
	ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
15	(Address) Cambridge MM R20	Cutil Horn Farm hunged Sept 17, 19 3

If more blanks are needed, address State Registrat, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons endefinite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emworked on may form part of the second statement. Never return "Labouer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a en at home, who are engaged in the dutics of the nature of the business or industry, and therefore an Civil engineer, Physician, tion applies to each and every person, irrespective of For many occupations a single word or term on yrs). Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many (a) the kind of work and also (b) the Locomotive engineer,

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PLACE OF DEATH County Dehnelin	04206 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City (No. (No.	Registration Dist. No.  (If death occurred in a hospital or institution, give its NAME in
2FULL NAME / Cell	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Capiel (1- , 1933)  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h with on 1920,
7 AGE Stul Thru   If LESS than   I dayhrs. or min.?	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work	bru Eushul is.
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Spind Bifill
(State or country)  10 NAME OF Jun Victor Bell  FATHER Jun Victor Bell	(Signed)
Il BIRTHPLACE OF FATHER (State or country) (State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER When Frice	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of deah?
(Informant) Coursbilege (P) (Address)	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL affil 11, 19 35
15 Filipul 1 1930 E. S. Wolf	Lambert Cambridge Mid
If more b.anks are needed, addre.s Ltace Negistrs	ar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., Withous laborer, Laborer—Coal man, laborer, Farm laborer, Laborer—Coal man, at home, who are engaged in the duties of the at home, who are engaged in the duties of the laborer. If musestate occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully em-Spinner, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many (a) the kind of work and also (b) the If the occupation has been changed

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07952 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 1 D (If death occurred in a hospital or institu-tion, give its NAME in-St.: Ward) stead of street and 200 properly of certifle number.) stated PERSONAL AND STATISTICAL PARTICULARS PERUFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. BINDING may be WIDOWED, OR DIVORCED
(Write the word) pino HEREBY CERTIFY. That I attended the deceased from 6 DATE pplied. ACE sharms so that It (Month) (Day) (Year) IIfLESS than 7 AGE and that don'th occurred on the date stated above, at ...... I day hrs. The CAUSE OF DEATH \* terms B OCCUPATION RESERV (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in (Duration) Importa which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) A III DD 10 NAME OF 31 20 (Address) PARENTS OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME informa state ccup 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER (State or Country) 0 p Where was disease contracted, KNOWLEDGE if not at place of death?. Former or ususl residence (Informant E OF BURIAL S statem RIAL OR REMOVAL EVERY Registra Saratoga St., Baito., Requesting V. S. No. 1. If more branks are needed, address State Registrar, 16

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from work, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative healthtired 6 yrs). busines, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, definite salary), may be entered as Housewije, Houseen at liome, who are engaged in the duties of the (a) Foreman, (b) Automobile fuctory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation - Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomolive engineer, ,, etc., especially in industrial employments, it is neces-For many occupations a or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation single word or term on (4) persons en-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

approved by American Medical Association.) tetanus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL scplicucmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age, Snock, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ethaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthonia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar) Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Committee on Nomenclature chronic valvular heart disease, nephrilis, etc. The contributory Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. tated EXACTLY roperly classifle certificate. (If death occurred in Village or City Ward) a hospital or institu-tion, give its NAME in-stead of street and number.) properly PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH be may be n back WIDOWED. OR DIVORCED (Write the word) pino I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH CO that struction (Day) (Month) (Year) IIf LESS than and that death occurred on the date stated above, at ... 7 AGE l day hrs. The CAUSE OF DEATH \* was as follows: supplied rms 2 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) \_\_\_\_\_yrs.\_\_\_\_mos.\_ which employed or (employer) Contributory 9 BIRTHPLACE Secondary ARGIN (State or country (Duration) \_\_\_\_\_yrs..... QI 0 34 25 1920 (Address) .. 0 PARENTS \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether OF FATHER (State or country) Accidental, Suicidal or Homicidal. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) state CCUP/ 13 BIRTHPLACE In the At place OF MOTHER \_\_\_\_yrs.\_\_\_\_\_mos.\_\_\_\_ds. (State or Country Where was disease contracted, 0 nld if not at place of death?... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence (Informant) DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL Every CIANS stater (Address) ADDRESS 20 UNDERTAKER Filed K 00 If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) laborer, er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Loborer-(b) Cotton mill; (a) Salcsman. Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material -Coal minc, etc. not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (\*erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy." ("Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"Puerperal septicacmia," "Puerperal peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (inerely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitiol nephritis, FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic The n.ture of the injury, etc. The contributory valvular heart disease; Nomenclature "Dropsy,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

	PLACE OF DEATH
Co	ney Horakesler
Villa	e or City Hurbok (No.
	2 FULL NAME John , fo Desl
	PERSONAL AND STATISTICAL PARTICULARS
3 81	ale white Single, MARRIED, WIDOWED OR DIVORCED (Write the word)
6 D.	TE OF BIRTH
	(Mgn/h) (Day) (Year)
7 AG	If LESS than I day urs.
Ow (b	CUPATION Trade, profession or ticular kind of work General nature of industry tiness, or establishment in tich employed or (employer)
9 B1	(State or country)
	10 NAME OF Leven Bestkitch
STN	11 BIRTHPLACE OF FATHER (State or country)
PARENT	12 MAIDEN NAME Halkerne Braywood
	13 BIRTHPLACE OF MOTHER (State or country)
14 T	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	Informant)
	(Address) Address MA
15	led Dec 18 19270 P. L. Hastriga

#### STATE OF MARYLAND CERTIFICATE OF DEATH

St.;

Registration	Dist.	No.	
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of street and

Allan		number.)	
MEDICAL	CERTIFICATE	OF DEATH	
16 DATE OF DEATH			
	Doc.	13"	10030
*******	(Month)	(Day)	(Year)
17 I HEREBY CE	RTIFY, That I at	tended the de	
Nrv. 21			
that I last saw h/A/.	alive on Du	_ /3	19430
and that death occurred	on the date state	d above, at.	4 Pm.
The CAUSE OF DEATH	Was as follows:	Pulmo	ware
Tuteve	clous-	\$ 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	(Duration)	7	nosds.
Contributory			
	D (Duration)	yre	mos de,
(Signed)	SULPIN	yon.	м. р.
12-16 1930	(Address) Fild	esalstu	) had
*State the Disea Violent Causes, state Accidental, Suicidal	ase Causing Death e (1) Means of Inj or Homicidal.	, or, in dead ury: and (2)	hs from whether
18 LENGTH OF RESIL		itals, Institut	ions, Trans-

At place of death .....yrs.....mos......da. In the State.....yrs......mos Where was disease contracted, f not at place of death?.....

former or

sual residence

OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St. Balto., Requesting

Registrar

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Village or City EXACTI (If death occurred in - Ward) a hospital or institu-tion, give its NAME is -stead of street and number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MARRIED, I W 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 99 ack WIDOWED OR DIVORCED (Write the word) mas may (Month) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH that CE (Year) (Month) (Day) 7 AGE IIILESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH 8 OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in (Duration) 2 which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) OD FATHER L O 11 BIRTHPLACE on W OF FATHER the Discase Causing Death, or, in RENT Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) AU 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER 4 inform ients or Recent Residents) State 13 BIRTHPLACE At place In the OF MOTHER of death ... (State or Country) Where was disease contracted, 0 if not at place of dea.h? shoul Former or usual residence. Every in CIANS statement DATE OF BURIA Registrar If more b.anks are needed, addre.s ttate Keglstrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screent, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm loborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, tl: first line will be sufficient, e.g., Former or Planter, tion applies to e.ch and every person, irrespective of f," etc., Foremon, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesmon, without more precise specification as For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Strtement of Cause of Death—Name, first, the DIS-EAC (VUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal ferer (the only definite synonym is "Epidemic cerebrostinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pucumonia, Bronchopneumonia ("Pneumonia,"

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> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" approved by Committee on Nomenclature (Recommendations on statement of cause of (clanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train. taken. FOR VIOLENT DEATHS State MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Corcinoma, Sarcomo, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease for malignant neoplasms); Measles; Chronic valvular heort disease; etc. The contributory

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH stated EXACTLY, properly classified. of certificate. Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME in-stead of street and number.) 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED pe pe WIDOWED OR DIVORCED Write the word (Day) 17 I HEREBY CERTIFY, That I attended the deceased from that instruction (Day) (Month) (Year) IIfLESS than and that death occurred on the date stated above, 80 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows: rms (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in (Duration) which employed or (employer) ATH Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) OG (Signed) 314 shore E O 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in RENT S Violent Causes, state (1) Means of Injury and (State or country) 0 Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-X inform state ccup/ ients or Recent Residents) CCUI 13 BIRTHPLACE in the OF MOTHER (State or Country) should ent of OC Where was disease contracted, if not at place of death?... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or statement usual residence 19 PLACE OF BURIAL OR REMOVAL 5 EVORY 20 UNDERTAKER ADDRESS

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Exact

CORD

Village or City Cambridge (No. Eastern Shore State Hospital St.: Ward) a hospital or institution, give its NAM stead of street number.)  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  3 SEX   4 COLOR OR RACE   5 SINGLE,   16 DATE OF DEATH	PLACE OF DEATH  County Dorchester		02876	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED Married 6 DATE OF BIRTH  The March 15, 1930  (Write the word) Married (Wonth) (Day) (Year)  (Month) (Day) (Year)  7 AGE  If LESS than I day hrs. was as follows:  Pulmonary Tuber culosis				tal St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and
MARRIED, Wildowed. OR DIVORCED Married  6 DATE OF BIRTH  (Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  (Month) (Day) (Year)    If LESS than   I day hrs.   I day hrs.   I hereby certify, That I attended the deceased in the last saw here alive on March 15, 192    If LESS than   I day hrs.   I hereby certify, That I attended the deceased in the last saw here alive on March 15, 192    If LESS than   I day hrs.   I hereby certify, That I attended the deceased in the last saw here alive on March 15, 1930    If LESS than   I day hrs.   I hereby certify, That I attended the deceased in the last saw here alive on March 15, 1930    If LESS than   I day hrs.   I hereby certify, That I attended the deceased in the last saw here alive on March 15, 1930    If LESS than   I day hrs.   I hereby certify, That I attended the deceased in the last saw here alive on March 15, 1930    If LESS than   I day hrs.   I hereby certify, That I attended the deceased in the last saw here alive on March 15, 1930    If LESS than   I last saw here alive on March 15, 1930    If LESS than   I day hrs.   I hereby certify, That I attended the deceased in the last saw here alive on March 15, 1930    If LESS than   I day hrs.   I hereby certify, That I attended the deceased in the last saw here alive on March 15, 1930    If LESS than   I day hrs.   I hereby certify, That I attended the deceased in the last saw here alive on March 15, 1930    If LESS than   I hereby certify, That I attended the deceased in the last saw here alive on March 15, 1930    If LESS than   I hereby certify, That I attended the deceased in the last saw here alive on March 15, 1930    If LESS than   I hereby certify, That I attended the deceased in the last saw hereby certified in	PERSONAL AND STATISTICAL	PARTICULARS	MEDIC	AL CERTIFICATE OF DEATH
The Date of Birth    The Date of Birth   17   I Hereby Certify, That I attended the deceased of December 12, 192 3 to March 15, 192   192 3 to Mar	MA WII OR	RRIED, DOWED.	70#0=d=000000=0=c==00ppqqq	March 15, 1930
December 12, 192 3 to March 15, 192  TAGE    December 12, 192 3 to March 15, 192   December 12, 192 3 to March 15, 192   December 12, 192 3 to March 15, 192   Comparison of the date stated above, at 9:25 A   The CAUSE OF DEATH * was as follows:   Pulmonary Tuber culosis	Female White (Wr	ite the word MAFF 16u		
yrsds. ormin.? The CAUSE OF DEATH * was as follows:  Pulmonary Tuber culosis	Anhnom (Month)		December 12	r alive on March 15, 19230
	45 yrs. moa.	I dayhrs.	The CAUSE OF DEA	TH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Maryland  Maryland  Housewife  About (Duration)  Contributory Secondary  Contributory Secondary	barticular kind of work		Contributory	
Edward Evans	FATHER Edward Evans			as J. lo arey M. D
OF FATHER  *State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal.	OF FATHER Z (State or country Mary land			
12 MAIDEN NAME  OF MOTHER Frances Kirwin  18 LINGTH OF RESIDENCE (For Hospitals, Institutions, 7 ients or Recent Residents)	OF MOTHER Frances Virwi	n		
At place Since December 12, ln 1823  of Mother State of death state of death state of death state of death state s	13 BIRTHPLACE		At place Since D	ecember 12, In 1923
Combusidate Manyland	(Informant) E.S.S. Hospital	Record	Former or usual residence Cam	bridge, Md.
If more b.anks are needed, address tate Negistrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.			Vrank c	Vallangh Cambridg my

(Approved by U. S. Census and American Fublic Health Association.)

household only (not paid Housekeepers who receive a er," etc., without more precise specified. Wom-laborer, Form laborer, Laborer—Cool mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (o) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (o) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Civil engineer, Stationary fireman, etc. But in many tion applies to cach and every person, irrespective ci state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvont, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diserse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); S. Inal meningitis"); Diphtheria (avoid use of "Croup"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be strted unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonoeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; Chronic valvular heart diseose; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The n-ture of the injury, State cause for which surgical operation was under-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY etc. The contributory

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME in-stead of street and number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED, M BINDING WIDOWED. OR DIVORCED Write the word hould may n bac (Month) ..... .....(Day) I HEREBY CERTIFY, That I attended the deceased from 17 ACE sthat (Month) (Year) IIf LESS than and that death occurred on the date stated above, at 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows: terms min.? or 8 OCCUPATION n tel RESERV (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in (Duration) i. which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Duration) DI 10 NAME OF OD (Signed) FATHER la. Shot 11 BIRTHPLACE \*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and deaths from OF FATHER PARENT 00 (State or country) 20 Accidental, Suicidal or Homicidal. 12 MAIDEN NAME Hospitals, Institutions, Trans-18 LENGTH OF RESIDENCE (For OF MOTHER ient's or Recent Residents) 90 13 BIRTHPLACE tal At place of death. In the OF MOTHER yrs......ds. (State or Country) Where was disease contracted, D if not at place of death? Former or usual residence (Informant 19 PLACE OF BURIAL OR REMOVAL Every CIANS staten 20 UNDERTAKER If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., war-laharer, Farm laborer, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Or (b) Cotton mill; (a) Salesman. At Home, and children, not gainfully emwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed Loborer--Coal minc, etc. Wom-(6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilaria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonacum, etc., Coreinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonilis," diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Exhaustion," Whooping American Medical Association.) Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic volvular heart etc. The contributory discose; not" be

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S No.

N. B .--

ORD

PLACE OF DEATH  County Donehecter Co.  Village or City Cambridge (No.  2FULL NAME Luvenia Bold	90 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. //6  St.: Ward) (If d-ath occurred In a hospital or institution, give its NAME II-stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE.  MARRIED. WIDOWED. OR DIVORCED (Write the word)  6 DATE OF BIRTH	(Month) (Day) (Year) (Year) (1920 to 1920 to 1920 to 1930 to 1
(Month) (Day) (Year)  7 AGE  90 yrs.   Month   (Day) (Year)  If LESS than   day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or Nonce Work  particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) Jaleon (Dor Co) Md	(Duration) 2 yrs. mos ds.
10 NAME OF FATHER GREEN THERE  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Debuttle Molvek	(Signed)
13 BIRTHPLACE OF MOTHER (State or Country) Dorchecter Co.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Rebella Corner  (Address) Cambridge Ind  15 Filed Cerf. 10 1930 Elevely	At place of death yrs mos ds. In the State yrs mos ds.  Where was disesse contracted, it not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Bether Cemetery aug. 1, 1936.  20 UNDERTAKER  ADDRESS

If more b.anks are needed, addre s ttate Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal minc, ctc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (6)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL scpticaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic Example: Measles (disease etc. The contributory valvular heart disease;

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(If death occurred in

a hospital or institu-tion, give its NAME is-stead of street and

DATE OF BURIAL

number.)

MARGIN

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons, who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH g. zed in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a loborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of Housemuid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material 6) Grocery;

Strtement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"("Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; use of "Tumor" ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcomo, etc., of Never report mere symptoms or terminal condifor malignant neoplasms); Measles; Chronie valvular heart disease, etc. The contributory Nomenclature

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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PLACE OF DEATH	STATE OF MARYLAND
County Dorchester	01579 CERTIFICATE OF DEATH
	Registration Dist. No. // 8
Village or City Azar Heurlock (No.	St: Ward) (If d-ath occurred in a hospital or institu-
2 FULL NAME Halter E. Box	
2FOLL NAME.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Manuel Wildowsb. OR DIVORCED (Write the word)	16 DATE OF DEATH , 2 4 , 19230 . (Month) . (Day) . (Year)
6 DATE OF BIRTH  Afril 2th 1873	17 I HEREBY CERTIFY, That I attended the deceased from 1934 to 24 , 19210,
(Month) (Day) (Year)	that I last saw haralive on July 23, 19252,
7 AGE . If LESS than	and that death occurred on the date stated above, at
56 yrs. 8 mos. 2/ ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Concer / Kaluly
(a) Trade, profession or transmer	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosds,
9 BIRTHPLACE	Contributory
(State or country) Maryland	(Duration)nosds,
10 NAME OF FATHER S, M P	(Signed) M. D.
11 BIRTHPLACE	Feb 25- 1930 (Address 1 1/2)
OF FATHER Z (State or country) Maryland	*State the Disease Causing for the dath from Violent Causes, state (1) Morns of Injury and (2) When Accidental, Suicidal or Homicidal.
of MOTHER Mary E. Poste	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country) Maryland	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Mis Haller E. Honnier	usual res.dence
(Address) Howlock Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Photosch Md
15 Filed Fet 25- 1920 Robert & Hoslings	In the Hilli Bro. Combridge Me
If more banks are needed, addre s tate hegistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. ho. 1.

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the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Solesmon, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (0) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, tion applies to each and every person, irrespective ci whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Loborer-Coal minc, etc. Womwithout more precise specification as Doy Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

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	CORD	Class
BINDING	PERMANENT	should be stated E
MARGIN RESERVED FOR BINDING	NLY WITH UNFADING INKTHIS I'M PERMANENT CORD	ormanon should be carefully supplied. ACE should be stated EXACT
	MLY	orm ate

Every Item of CIANS should statement of (

County Dorchester	_

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)

Registration Dist. No. 110

number.)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

MEDIONE CENTIL	FICATE	OF DEATH	1
16 DATE OF DEATH	e.	20	, 1930
(Mc	onth)	(Day)	(Year).
17 LI HEREBY CERTIFY, 7	That I at	tended the o	leecased fro
that I last saw halive on	202	c. 14	, 1934
and that death occurred on the d	ate state	d above, at	HA.
The CAUSE OF DEATH * was as f			1
			· y · · · · · · · · · · · · · · · · · ·
Carcinna & Hefate	2 Th	your of (	don
		*******************	
Contributory metastasis	tion)	yrs	mos
Contributory met estasis	un de	in	
Secondary			
Secondary			
Secondary			
Secondary (Duri	ution) Wal	hi Ozz	mos
(Signed) (Dura (Signed) (Signed) (Address) (Signed) (Sign	Can g Death	b: Open	M. M. Parths (run)
(Signed) (Dura (Signed) (Signed) (Address) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Address) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Signed)	Con Gon g Death ens of I	h: On de njury and (itals, Institu	mos
(Signed)	Con Gon g Death ens of I	fri Ogrand, or, in de njury and (i	mos

	PERSONAL AND STATISTICAL PARTICULARS
_	ternal White Single, Married, Wildowed, Or Divorced (Write the word)
6 [	DATE OF BIRTH
	(Month) (Day) (Year)
7 A	If LESS than I day hrs. or min.?
( p ( b	b) General nature of industry usiness, or establishment in which employed or (employer)
9 E	SIRTHPLACE (State or country)
	10 NAME OF Canal Ho Williams
NTS	OF FATTER (State of country)
PARE	OF MOTHER Margret Audrews
	13 BIRTHPLACE OF MOTHER (State or Country)
14	(Informant) Teland Bradley
	(Address) Hurlop Red 1

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Fred Wellmighty

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more preceded mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write Nonc.

Statement of Cause of Death—Name, first, the DISbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. uner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature (Recommendations on statement of cause of death American Medical Association.) peritonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-Chronic valvular heart disease; ," "Coma," "Convulsions, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is germanently filed.

V. S. No. 1

N. B.--

CORD

Village or City No.	
2FULL NAME ROLL BRAND Dradley number.)	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)  17 I HEREBY CERTIFY, That I attended the di	eceased from
(Month) (Dey) (Year) that I lest saw h alive on alive	, 192,
7 AGE    If LESS than   and that death occurred on the data stated above, at	
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) (Contributory Secondary)	
11 BIRTHPLACE OF FATHER (State or country) (Signed) (Sign	M. D.
of MOTHER Clala Caran  18 LENGTH OF RESIDENCE (For Hospitals, Institution of Recent Residents)	
OF MOTHER (State or Country) Or 60 . State	
Former or	F0000000000000000000000000000000000000
(Informant) Corollar usual residence.	FBURIAL
Iliand not	, 19
15 Filed MV. 18th 1930 Edward & Landy 20 UNDERTAKER ADDRESS	, 10

If more bianks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farme (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> Recommendations on statement of cause of death approved by Committee on Nomenclature of the (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tclaylus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railray trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitual nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, ...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory

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PERSONAL AND STATISTICAL PARTICULAR 3 SEX   4 COLOR OR RACE 5 SINGLE,			ULARS	
3 8			MARRIED, WIDOWED	CED
-	nale Whit	te	(Write the	wordWidow
6 D.	ATE OF BIRTH			
	Unkr	nown		1.85
		(Month)	(Day)	(Yest)
7 AG	16	2	1	If LESS the
	About 84 yr	time	ken.	dayh
		9,m	08	3.[01
	CCUPATION		37	
	) Trade, profession or		None	
100	articular kind of work			
(b	General nature of ind	ustry		
) (b	) General nature of ind usiness, or establishme	ustry nt in	•-•••	
) (b	General nature of ind	ustry nt in		
) (b	) General nature of ind isiness, or establishme hich employed or (emp RTHPLACE	ustry nt in		
(b)	) General nature of ind usiness, or establishme hich employed or (emp	ustry nt in oloyer)		M. Md
) (b	) General nature of ind siness, or establishme hich employed or (emp KTHPLACE (State or country)	ustry nt in oloyer)	set Count	y, Md.
) (b	) General nature of ind isiness, or establishme hich employed or (emp RTHPLACE	ustry nt in oloyer)		y, Md.
(b)	O General nature of ind usiness, or establishme hich employed or (employed or (state or country)	ustry nt in ployer)	set Count	y, Md.
(b) w HI	O General nature of ind usiness, or establishme hich employed or (employed or (state or country)	ustry nt in oloyer)	set Count	y, Md.
(b)	O General nature of ind usiness, or establishme hich employed or (employed or (employed or (state or country))  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER	ustry nt in ployer)  Somer:	set Count	
ENTS WHITE (b)	O General nature of ind usiness, or establishme hich employed or (employed or (employed))  RTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)	ustry nt in ployer)  Somer:	set Count	
RENTS M	O General nature of ind usiness, or establishme hich employed or (empRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	ustry nt in ployer)  Somer:	set Count	
ARENTS MA	O General nature of ind usiness, or establishme hich employed or (employed or (employed))  RTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)	Somer:  Unknow)  Somer:	set Count	
RENTS M	O General nature of ind usiness, or establishme hich employed or (empRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	ustry nt in ployer)  Somer:	set Count	
ARENTS MAN (4)	O General nature of ind usiness, or establishme hich employed or (employed or (employed)  RTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	Somer:  Unknow)  Somer:	set Count	
ARENTS MAN (H)	O General nature of ind usiness, or establishme hich employed or (empRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	Somer: Unknown	mm rset Coun	ty, Md.
PARENTS MM	O General nature of ind usiness, or establishme hich employed or (employed or (employed)  RTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	Somer:  Unknown  Unknown  Somer:  Unknown  Somer:  Unknown  Somer:	mm cset Count	ty, 16.
PARENTS MM	O General nature of ind usiness, or establishme hich employed or (employed or (employed)  RTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER	Somer:  Unknown  Unknown  Somer:  Unknown  Somer:  Unknown  Somer:	mm cset Count	ty, Md.
PARENTS MM	O General nature of ind usiness, or establishme hich employed or (emp RTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 STATE OF MOTHER (State or country)	Somer:  Unknown  Somer:  Unknown  To The Bes	set Count  cset Coun  own  cset Coun	ty, Kd.
PARENTS MM	O General nature of ind usiness, or establishme hich employed or (employed or (employed)  RTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	Somer:  Unknown  Somer:  Unknown  To The Bes	set Count  cset Coun  own  cset Coun	ty, Kd.
PARENTS MM	O General nature of ind usiness, or establishme hich employed or (emp RTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 STATE OF MOTHER (State or country)	Somer:  Unknown  Somer:  Unknown  To THE BEST	met Count  merset Coun  merset	ty, kd.

PLACE OF DEATH

County Dorchester County

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Cambridge (No. Eastern Shore State Hospital

Registration Dist. No. 1/6

(If denth occurred in a hospital or institu-tion, give its NAME in-tead of street and ...... Ward) mumber.)

MEDICAL CERTIFICATE OF DEATH
January 25th , 1930 (Month) (Day) (Year)
October 16th 1929 to January 25th 1950.  that I last saw h Or alive on January 25th 19230.  and that death occurred on the date stated above, at 12:20P.
Unknown (Duration) yrs mos de.  Centributory Chronic Myo-carditis Secondary
(Signed) (Duration)
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  At place Since October, 16, lighty of deathyrsmosda. State,yrsmosde.
Where was disease contracted, Crisfield, 10.  Former or Crisfield, 10.  Crisfield, 10.
19 PLACE OF BURIAL OF REMOVAL CATE OF BURIAL  ROUNDYRTAKE Bridge Tubers, Constitution of the Constitution

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planta, tion applies to each and every person, irrespective of additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, aspecially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many definite salary), may be cutered as Housewife, Househousehold only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enured 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed whatever, write None. reiness, that fact may be indicated thus: Farmer (re-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

Etatement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); spinal meningitis"); Diphiheria (avoid pneumonia"); Typhoid forer (never report "Typhoid pneumonia.")

use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberoulosis of lungs, menconditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Meastes (disease diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Con-(secondary or intercurrent) affection need not be Chronic interstitial neghritis, etc. The contributory Whooping cough; Chronic valvular heart disease; "Uraemia," "Weakness," etc., when a definite disease vulsions," Nomenclature of the American Medical Association.) head of "contributory." train-acoident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as accedental, suicedal, or homicidal, or taken. For violent deaths state means of injuny State cause for which surgical operation was under-"Purperal sopticaemia," "Puerperal peritonitie," etc. ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poteoned by carbolic acid-probably suicide. The na-Examples: Acoldental drowning; Struck by railway "Debility" ("Congenital," "Senile," etc.) (Recommendations on state-(second-

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PLACE OF DEATH	6377 STATE OF MARYLAND
gounty D whish	CERTIFICATE OF DEATH
	(29) Registration Dist, No. // 6
Village or City Cambridge M(No.	St.: Ward) (If death occurred in
	tion, give Its NAME II -
2FULL NAME Drymine &	stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 4 , 190 0 (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
Inkmin, 1	1927 1. to Jan 1907 0,
(Month) (Day) (Year)	that I last saw her alive on Jan J. 1992,
7 AGE   If LESS than   I day hrs.	and that death occurred on the cate stated above, at 7 50 m. The CAUSE OF DEATH s was as follows:
ohn 84 yrs. mos. ds. or min.?	
8 OCCUPATION 0	Visaerina
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) vis. 7 mos. ds.
9 BIRTHPLACE	Contributory Justice Literatifical
(State or country)	Mallisaks (Duration) yrs mos ds.
10 NAME OF	(Signed) To A. Shrive & M. D.
FATHER MM Vine	John 15 192 8 (Address) Cambridge
OF FATHER	*State the l'iscase Causing Death, or, in daths from
Z (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Mayant Evans	18 LINGTH OF RISIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place in the
(State or Country)	of death yrsmos, ds. State yrsds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dealify
as a coll of	Former or usual residence
(Informant) What XMAN	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Canny of My	Cambras Med Ham 17, 1930
Filodow, 16th 1923 0 S. Elisal J. Hegistras	20 UNDERTAKER LADORESS Campbel me
If more b.anks are needed, addre.s tate Kegistra	r, 16 W. Saratoga St., Balto., Mquesting V. S. ivo. 1.

(Approved by U.S. Census and American Fuhlic Health Association.)

laborer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf er," etc., nature of the husiness or industry, and therefore an state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. husiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Locomolive engineer,

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RURRAU

ingcs, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol diseases resulting from childhirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. use of "Tumor" for malignant neoplasms); Mcasles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." can be ascertained as the cause. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underapproved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The Always qualify all contributory

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5

CERTIFICATE OF DEATH Registration Dist. No. operly classifle certificate. (If death occurred in St.: Ward) EXACT a hospital or institution, give its NAME innumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE, SINGLE, ME SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. OR DIVORCED (Write the word) (Month) (Day) (G. 2 (Year) 6 DATE OF BIRTH 17 I HEREBY CERTIFY, That I attanded the decassed from (Day) (Year) that I last saw ba alive on the same (Month) If LESS than 7 AGE and that death occurred on the date stated above, at .. I day hrs. The CAUSE OF DEATH \* was as follows: (a) Trade, profession or particular kind of work b) General nature of industry business, or establishment in which employed or (employer)... Contributory BIRTHPLACE Secondary (State or country) (Durstion) \_\_\_\_\_yrs.....mos.... OG 10 NAME OF (Signed) FATHER 0 192 (Address) S 11 BIRTHPLACE RENTS COZ OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER d state ients or Recent Residents) 13 BIRTHPLACE In tha At place of death.... OF MOTHER ....yrs.......ds. Where was disease contracted, if not an place of death?.... shoul Every item CIANS sho statement If mora bienks are neaded, addrass Stata Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

PLACE OF DEATH

MARGIN RESERVED

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a nner, (b) Cotton mill; (a) Salesman, (b) Grocery, Foreman, (b) Automobile factory. The materia For many occupations a single word or term on Compositor, Architect, For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on delanas) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS State MEANS OF INJURY "Uraemia, ""Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	1PLACE OF DE	ATH		
1	County Dorches			
/ill	age of City Camb	idge	(No. Eas	tern Shore
	²FULL NAM	ΕΥ.	irginia Bra	mble
	PERSONAL AND	STATIST	ICAL PARTICU	JLARS
s		R OR RACE	5 SINGLE. MARRIED, WIDOWED. OR DIVORCET (Write the word	Cincle
_	Female Whi	te	(Write the word	bingle
3 D	ATE OF BIRTH			
	e*************************************	Septembe: (Month		, 1.864 (Year)
7 A	GE			If LESS than
	65	rs. 8	mos. 18 de	l dayhrs.
8	CCUPATION  a) I rade, profession of articular kind of wor	or	sekeeper	
CE	o) General nature of usiness, or establishm hich employed or (em	industry ent in		
4	IRTHPLACE	7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	(State or country)	Marylan	d	
1	10 NAME OF FATHER	John H.	Bramble	
STN	11 BIRTHPLACE OF FATHER (State or country)			
ASE	12 MAILEN NAME	03.1		
۵	13 BIRTHPLACE	Olieva	H. Traves	
1	OF MOTHER (State of Country)	Mary lan	d	
4	THE ABOVE IS TRUE	TO THE BES	T OF MY KNOW	EDGE

(Informant) E.S.S.Hospital Record (Address) Cambridge, Maryland 06653

State Hospital St.: Ward)

#### STATE OF MARYLAND CERTIFICATE OF DEATH

(90)

If more b.anks are needed, addre.s ttate Negistrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

Registration Dist. No.

(If death occurred in a hospital or institu-

tion, give Its NAME is stend of street and

number.)

MEDICAL CE	ERTIFICATE O	F DEATH
16 DATE OF DEATH	Tune 16.	, 19 <b>3</b> 0
10-11.11.000.11.11.01.01.000.000.01.01.01.0		(Day) (Year)
17 I HEREBY CERT		nded the deceased from
		16, 1920
that I last saw heralive		
and that death occurred on		
The CAUSE OF DEATH * w Chronic Myc	as as follows:	anove, at
About 3 yrs.	(Durstion)	yrsde
Contributory Arts	erio-sclero	sis
(Signed) 6/2 as	To a	718
*State the lis ase Violent Causes, state (1 Accidental, Suicidal or Hon	Causing Death, ) Means of Injuicidal.	or, in deaths from ury and (2) Whether
ients or Recent Resident At place Since July of death yrs mos.	a)	
Where was disease contracted, it not at place of dea h?		
Former or usual residence Balt im	ore, Maryla	nd
6 place of Burial or	121.1	June 17 193
20 UN DERTAKERY	2 77300	Cambridge.

(Approved by U. S. Census and American Fublic Health Association.)

cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e ch and every person, irrespective ci to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Salesman, (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Syphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drepsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mercly symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train "Uracmia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be (Recommendations on statement of cause of Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1PLACE OF DEATH County D while	01580 STATE OF MARYLAND CERTIFICATE OF DEATH
THIN CORPORATE LIMITS OF	Registration Dist. No. // 6
Village or City Cambridge had (No	St: Ward)  (If death occurred in a hospital or institution, give lts NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mah Holor or Race 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw has alive on Feb. 2/
7 AGE    Syrs. 9 mos. 2 9 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work	Clorine Lateratitical Oraphortis
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Hypertatic Onemania
10 NAME OF SATHER THE DEANNER	(Signed) Yrs mos ds.  (Signed) M. D.  The 12 1930 (Address) Country Oye kind
OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER	18 LINGTH OF RUSIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Samuel E. Brummak	Former or usual tes.dence
(Address) Campaign md	Cumbridge and Jut LB, 1930
Filed Teh 22 1920 Eklwoyf Registras	20 UNDERTAKER Albangh Cambridge had
If more b.anks are needed, addre.s Ltate Kegistrar	, 16 W. Saratoga St., Balto., Lequesting V. S. ho. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more process of mine, etc. Wom-laborer, Form laborer, Loborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective ch Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Physician, Compositor, Architect, or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Locomotive engineer,

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"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. Example: Measles (disease inges, peritonoeum, etc., Carcinoma, Sorcoma, etc., ol use of "Tumor" for malignant neoplasms); Mcosles; ..... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, corbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJULY Chronic volvular heart diseose; etc. The contributory

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properly classifie oertificate. Le stated l BINDING should be carefully supplied. Act it may be E OF DEATH in plain terms so that it may be instructions on back FOR UNFADING INK--THIS MARGIN RESERVED of informat Every Item of Inform CIANS should state statement of OCCUP?

OF MOTHER
(State or Country)

(Address)

Filed

	PLACE OF DEATH County Douchester	31
/il	2FULL NAME Mary Rockse	e
	PERSONAL AND STATISTICAL PARTICULARS	
	MARRIED. Manning  Male Block Stock  Wildows D. OR DIVORCED (Write the word)	16
	(Month) (Day) (Year)	tha
•	J Jyrsds.   If LESS that   I day hre or hre	. The
( P	CCCUPATION a) Trade, profession or particular kind of work b) General nature of industry usiness, or eatablishment in which employed or (employer)	
E	(State or country) Md.	
	10 NAME OF William W. Stanley	(Sig
2	II BIRTHPLACE OF FATHER (State or country)  M.	
TARE	12 MAIDEN NAME OF MOTHER	18
	13 BIRTHPLACE	1.

KNOWLEDGE

Registras

If more banks are needed, addre.s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

12367

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

(If death occurred in a hospital or institution, give its NAME irstead of street and number.)

	MEDICAL C	ERTIFIC.	ATE O	F DEATH	
6 DATE OF	DEATH	Oct	· · · · · · · · · · · · · · · · · · ·	2/	, 1930
17, FT	HEREBY CERT				(Year)
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	OF DEATH * w				00 v 00 v 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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	$\alpha_{-}$	(Duration	m		bb
Signed)					
oct 21	193-6 (Ad	dress)	~	navi	ig. n
Violent Ca	the listase auses, state (1 Suicidal or Hon	Causing Means	Con	or, in deary and (2	ig. n
Violent Ca Accidental, B LENGTH	the listase	Causing ) Means nicidal,	Death, of Inju	ary and (2	aths from
Violent Ca Accidental, B LENGTH lents or Re	the listase auses, state (1 Suicidal or Hon OF RESIDEN	Causing () Means nicidal.  ICE (For	Death, of Inju	ary and (2	aths from Whether
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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as  $\nu ay$  laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, fulness of various pursuits can be known. nner, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer,

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S No. 1

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N. B.-

1 <sub>PLAC</sub>	E OF	DEATH		
County	Doro	hester	County	
llage or Ci	ty Ca	mbridge	<b>3</b>	. (

0	6	6	5	4	

(90)

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No...

Village or City Cambridge (No. Eastern Sh	tion, give its NAME is stend of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED Single (Write the word)Single	16 DATE OF DEATH 192
6 DATE OF BIRTH,	17 I HEREBY CERTIFY, That I attended the deceased from April 7, 1928. to June 24, 1920, that I last saw h. &r alive on June 24, 19230.
About 69 yrs. mos. ds. or min.?	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Several Years (Duration)
Kent County, Maryland  10 NAME OF FATHER  Unknown  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed)
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	At place Since April 7. 1918 the of death yrs most de.  Where was disease contracted, Inches
(Informant) Cambridge, Maryland	Where was disease contracted, unknown it in at place of deah? Unknown  Fon-pri  usual readence  19 Brage Or John Danewall  Pate of Burial
15 June 25 1930 E E WASS	7, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day Locomotive engineer,

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inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
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0	si-	1PLACE OF DEATH	123,68 STATE OF MARYLAND
	n in	County Derchester	CERTIFICATE OF DEATH
	Y, ied.	TITELD DEDDERATE AND 3 /	Registration Dist. No.
ORD	EXACTL y classif icate.	Village or City Cambridge (No. 3 Constant Pull NAME Lellie Burlow	St.: 2 Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
7	perl	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ANENT	d be sta y be pro ack of c	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
BINDI PERMA	shoul it ma s on b	B DATE OF BIRTH Selst 4 1894	17 I HEREBY CERTIFY, That I attended the deceased from
2	ACE that tions	(Month) (Day) (Year)	that I last saw h ralive on Out 5 , 1980
HIS IS	ne so netruc	7 AGE  36 yrs. 1 mos. 2/24 de. or min.?	and that death occurred on the date stated above, at
NKT	ly supp ain ter See i	6 OCCUPATION (a) Trade, profession or Hause Wife particular kind of work	(Besseroma ( Bladder)
RES ING II	in pl	(b) General nature of industry usiness, or establishment in which employed or (employer)	(Durstion) yrs. Zimos ds
RGIN	d be ca DEATH ry impo	9 BIRTHPLACE (State or country) Dorchester (Co) Ind	Secondary (Durstion) yrs mosds
MA H U	houl OF S ve	FATHER asbury young	(Signed) Do (Address) Carelonder
TIV	Hon S	OF FATHER (State or country) Dorchester Co	*State the Disease Causing Death, or, in Seaths From Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
ZL5	orma up	of MOTHER Emma Cole	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
•	f infor	OF MOTHER (State or Country) Dorchester Co	At place of death yrs mos ds. State yrs mos ds.  Where was disease contracted, if not at place of death?
THE STATE OF THE S	shoul ent of	(Informant) Chas Burrows	Former or usual residence
WF	CIANS statement	(Address) Cambredge Ind.	Cambridge has Del 31, 1930
0	B.F. C.	15 Filed CK 3/ 190 O EEWSEH	It, W. St. Clair Cambudy my
	4		S. D.L. D. W. S. N. J.

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, state occupation at beginning of illness. If retire laborer, Farm laborer, Laborer—continue, eve. wounden at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Fargier Weor given up on account of the DISEASE CAUSING LEATH, state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation, using always the same acceptspinal meningitis"); Diphtheria (avoid use of "Grouping Typhoid fever (never report "Typhoid Pneumonia"); (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on delapus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Exhaustion, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) affection need 99 "Heart failure," "Haemorrhage, Chronic valvular heart etc. The contributory Nomenclature Always qualify all discase; not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

permanently filed

BUREA

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Exact

PLACE OF DEATH	06655 STATE OF MARYLAND
County Dorchestin	CERTIFICATE OF DEATH
WITHIN CONFORATE LIMITS OF	Registration Dist. No. 1/6
Village or City Canada Ind (No	St.: Ward) (If death occurred i
2FULL NAME William 7.	Burlin. Stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 1930 , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day), 1867  (Year)	17 I HEREBY/CERTIFY, That I attended the deceased from 1920 to 1920 that I last saw h wi alive on 1920 4 1930
7 AGE   If LESS than   I day hrs. or min.?	The state of the s
(a) Trade, profession or particular kind of work	Careciona of Fire
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration) yrs
10 NAME OF FATHER MM. T. Button	(Signed) ACK M. D. M. D. M. D. Cumling, M. D. Cumli
OF FATHER (State or country)  12 MAIDEN NAME	*State the Distase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidat of Homicidal.
of MOTHER habrown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Registers)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death nos. ds. In the State yrs nos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Mrs M. T. Bushing	usual residence
(Address) andrum, And	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
15 Filed 1 5 1920 E EWald Legistra	26 UNDERTAKER JAPORESS JAMAN & MARCHAN MA
	Ve W Santone St. Balto Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condiby Committee on Nomenclature of the Chronicetc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V.

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthadditional line is provided for the latter statement; it mary to know (a) the kind of work and also (b) the cases, sapecially in industrial employments, it is ucces-Owil engineer, Stationary firemen, etc. But in many en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) L..ture of the business or industry, and therefore an gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken scork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material sired 6 yrs.). For persons who have no occupation I usiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Howsemaid, etc. If the occupation has been changed whatever, write None. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

EASE CAUSING DEATH (the primary affection with respect spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept fever (the only definite synonym is "Epidemic cerebro-Lodar pneumonia, Bronchopneumonia ("Pneumonia." Typhoid fover (never report "Typhoid pneumonia"); Biatement of Cause of Death-Name, first, the Dis

> inges, peritonacum, etc., Caroinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menuse of "Tumor" for malignant neoplasms); Measles; conditions, such as "Asthenia," ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory ...... (name origin; "Cancer" is less definite; avoid diseases resuiting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inaultion," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustlon," "Heart fallure," "Haemorvulsions," symptomatic), "Atrophy," "Collapse," "Coma," "Con-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"Purperal septicaemia," "Purperal peritonitis," -acoldent; Revolver wound of head-homicide; For violent deaths state means of injust "Debllity" ("Congenital," "Senlle," etc.), Never report mere symptoms or terminal (Recommendations on state-"Anaemia" (second-(merely

the certificate is permanently filed. tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

PLACE OF DEATH

County Downson	CERTIFICATE OF DEATH
Village or City Crimbing M(No	St.: 7 Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH  My J (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Self 2 1970 to 2 3 , 1970 that I last saw handlive on Self 3 , 1970
7 AGE    If LESS than   I day   hrs.   or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration) yrs. mos. 7 ds  Contributory Secondary  (Duration) yrs. mos. ds
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)	(Signed)
(Informant) (Address)	if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS  AMA  Lawhold  Lawhold  ADDRESS  Lawhold  Lawhol
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Baito., Requesting V. S. 110. 1.

12369

STATE OF MARYLAND



(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, state occupation at beginning of illness. If retired from to report specifically the occupations of persons engaged in domestic service for wages, as Serund, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation 6 Grocery, Wom-

Statement of Cause of Death—Name, first, the disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilicria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopheumonia ("Pneumonia");

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., whon a definite disease "Exhaustion," "Debility" ("Congenital," Whooping approved by Committee on Nomenclature of the lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY cough; ngcnital," "Senile," etc.), "Dropsy, "Heart failure," "Hacmorrhage, Chronic valvular heart etc. The contributory disease; not be death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH WEREBY CERTIFY, That 1 attended the deceased from (Duration) .....yrs.....mos... Contributory Secondary \*State the Disease Causing Death or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death \_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_ds. Where was disease contracted, if not at place of death?.... Former or usual residence..... 20 UNDERTAKER

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1/

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er," etc., without more precise specincation as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer frequenced 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

approved by Committee on Nomenclature of the "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, discases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; American Medical Association.) peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1PLACE OF DEATH	14914 STATE OF MARYLAND
County For Chilles	CERTIFICATE OF DEATH
	Registration Dist. No. // 4
Village or City Valeralle (No.	St.: Ward) (If deeth occurred a hospital or instit
<sup>2</sup> FULL NAME	Burton tion, give Its NAME i steed of street er number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH Sec 26, 19830
6 DATE OF BIRTH	(Month) (Day) (Year)    17   I HEREBY CERTIFY, That I attended the deceased from
Dec 26 1930	192 to
(Month) (Day) (Year)	that I last saw helive on, 192
7 AGE      If LESS than	. 4 2
1 day hrs.	The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.?	PA P
B OCCUPATION  (a) Trade, profession or	Still Dorn
particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsd
9 BIRTHPLACE (State or country)	Contributory Secondary
Dor Chester Co	(Duration)d
10 NAME OF PATHER PRINTERS	(Signed) Mrs W. J. Cousich Lockey
11 BIRTHPLACE	Dec 26 1960 (Address) La Resville
OF FATHER  (State or country)  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state_(1) Means of Injury and (2) Whether
E 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Isabelle Robbins	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
13 BIRTHPLACE OF MOTHER & SALA	At place In the
(State or country) Don Co Ma	of deathyrsds. Stateyrsmosd
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not et place of death?
(Informant) Sophronia Slacum	Former or usual residence
(morman)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more banks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Physician, Compositor, Architect, Locomotive engineer, whatever, write: Nonc. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Gook ployed. as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farme Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons enor At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a Farm laborer. Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DIG EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospontfewer (the only definite synonym is "Epidemic cerebrospinul meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar measuronia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, (Recommendations on statement of cause of tetatus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. ..... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., o. Never report mere symptoms or terminal condi-Congenital," "Senile," etc.), "Dropsy,"," "Heart failure," "Haemorrhage," Chronic valvular heart discase, Example: Measles (disease etc. The contributory Measles

If this certificate is looked over thoroughly and all questions danswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	1PLACE OF DEATH	0.3
/	county Dorchester  illage or City Fishing Bay (No.	03
	2FULL NAME Harry H. Busick.	*************
	PERSONAL AND STATISTICAL PARTICULARS	
	4 COLOR OR RACE SINGLE, Married. Male White SINGLE, Married. Widowed. OR DIVORCED (Write the word)	16 DAT
3	Jan. 27,1873	17
	(Month) (Day) (Year)	that I I
	If LESS than day hrs. 12 ds. or min.?	and tha
( F ( b	b) General nature of industry  usiness, or establishment in  which employed or (employer)	Sı
E	STATE (State or country)  MARYLAND	Cont Sec
	10 NAME OF FATHER Samuel Busick	(Signed)
2	OF FATHER (State or country) X	*S Violer
2	of Mother Annie Kelly	Accid
-	OF MOTHER (State or country) X Md.	At place of death.
	(Informant) X Harry N. Busick	Where we if not at Former or usual resi
	3805 Greenway, Balto. Md.	19 PLAC

Loca!

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 112.

	St: W		occurred in or institu- ts NAME ii- street and	
MEDICA	L CERTIFICA	TE OF DEATH		
16 DATE OF DEATH	JAN 8	1930	192	
17 I HEREBY (		(Day)	(Year)	
001400440440440440440440400000		****************************		
Contributory Secondary	d on the date so * was as follow ital Drow on in Wat	ning.  or.		
*State the Pisco Violent Causes, atate Accidental, Suicidal or	ase Causing Do	The second second	ths from Whether	
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)				
At place In the of deathyrsmosds. Stateyrsmosds.				
Where was disesse contractif not at place of dea.h?.	ted,			
Former or usual residence	· · · · · · · · · · · · · · · · · · ·	***************************************		
19 PLACE OF BURIAL		DATE OF		
Loudon Par	k Cemeter:	X Jan.	10, 1930	
H. H. Willough	aby & Son	. E. N. Mar	ket,	

If more banks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queslaborer, additional line is provided for the latter statement; it cases, especially in industrial employments, it is necescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemard, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed. as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer. Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation

s; inal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EA. 3 CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> permanently filed. answered in detail, it wi

If this

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ondence. and a'l qu stions the certificate is

All the

approved by diseases resulting from childbirth or miscarriage "PUERPERAL septicaemia," "PUERPERAL peritorities,". (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e. g., sepeis, can be ascertained as the cause. Always qualify al "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Sonile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Indemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilicay trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (Recommendations on statement of cause of death approved by Committee on Nomen lature of the "Atrophy," "Collapse," "Come," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart etc. The contributory disease;

N. B.-

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PARENTS

1PLACE OF DEATH	14915 st
County Dorchester	(P4) CEF
llage or City Cambridge, Md. (No. Eastern Shor	e State Hospital St.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CE
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
Male White Widowed Single	December
September 22, 1894	November 17, 1973
(Month) (Day) (Year)  AGE  (If LESS than I day hrs.  36 yrs. 2 mos. 21 ds. or min.?  DOCCUPATION a) Trade, profession or sarticular kind of work	and that death occurred on The CAUSE OF DEATH * wa Chronic M
b) General nature of industry pusiness, or establishment in which employed or (employer)	36.71
BIRTHPLACE (State or country) Maryland	Contributory Mult
10 NAME OF FATHER Daniel Butler  11 BIRTHPLACE OF FATHER (State or country) De laware	(Signed)
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country) Mary 1 and	18 LENGTH OF RESIDENCE ients or Recent Residents At place Since Nov. 1 of death
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) E.S.S. Hospital Records  (Address) Cambridge, Maryland	19 PLACE OF BURIALTOR F
Filed See 13 1980 Elley .	Dillaw Que

#### 14915 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)	a hospital tion, give i stead of	occurred in or institu- ts NAME in- street and
	number.)	street and

L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH		
White (Write the word) Single	December (Month) 12 (Day) 1930Year)		
September 22, , 1894 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from November 17, 1930 to December 12, 1920 that I last saw h im alive on December 12, 19230		
[If LESS than	and that death occurred on the date stated above, at 9:30 Pam.		
1 dayhrs.	The CAUSE OF DEATH * was as follows:		
5 yrs. 2 mos. 21 de. or min.?	Chronic myocarditis		
esion or of work Farmer			
re of industry	(Duration) 4 yrs. mos ds,		
or (employer)	Contributory Multiple sclerosis		
	Secondary Secondary		
Maryland	(Duration) 7 yrs mos ds,		
D	(Signed) harles papiers M. D.		
Daniel Butler	Dec. 12, 192 30(Address) Cambridge, Maryland		
untry) De laware	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
AME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-		
Julia V. Brown	ients or Recent Residents)		
	At place Since Nov. 17, 1930 the of death		
untry) Mary land	Where was disease contracted, Caroline County, Md.		
TRUE TO THE BEST OF MY KNOWLEDGE	Former of		
.S.S. Hospital Records	usual residence Ridgely, Mary Land		
	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL		
) Cambridge, Maryland	Dielan Cuntary Dec. 72, 1,30		
13 1980 Selver Registrar	La Turgel Moore Declar		
If more branks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Plonter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return"Laborer," "Foreman," "Manager," "Deal-(a) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housewhatever, write Nonc. business, that fact may be indicated thus; Farmer (was Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman, without more precise specification as Doy For persons who have no occupation (a) the kind of work and also (b) the (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the INELASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia").

MAmerican Medical Association.) -(Recommendations on statement of cause of stated unless important. Example: Measles (disease approved by "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasins); Meosles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can he ascertained as the cause. Always qualify all "Exhaustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY 77 Committee on Nomenclature ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic volvulor heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the indicate is essential and must be obtained before the certificate is permanently filed

V. S. No.

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г	LA	CE	Q.F	DEF	710

Mear Calestown, Md

County Dorchester

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Vil	llage or City Near Gale  2FULL NAME MAX	tha F. Callaway	St.:W	ard) (If death occurred in a hospital or institu- tion, give its NAME in- atead of street and number.)
	PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICA	TE OF DEATH
1	emale White	SE SINGLE, Married WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH NOV (Month)	
	(Mor	b 20 , 1 880 (Year) (Year) (If LESS than I day hrs or min.	that I last saw her alive on and that death occurred on the date of the CAUSE OF DEATH; was as follow	ated above, at 5 Pm.
( p.	a) Trade, profession or articular kind of work Hou b) General nature of industry pusiness, or establishment in which employed or (employer)		Contributory Secondary (Duration)	
S	10 NAME OF FATHER Waitman 11 BIRTHPLACE	Willey	(Signed) 75- Kuhli 7407/0 1920 (Address) . St	harptons Wed
PARENTS	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Laura	J.Russell	*State the Disease Causing D. Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Homicidal)	Injury and (2) Whether
	(State or Country)	Md	ients or Recent Residents)  At place of death	n the Stateyrsmosds.
14	(Informant) Tredway C	.Callaway	Former or usual residence	DATE OF BURIAL NOV II 1930
15	Elles House I Late 10th	In Hastugs	20 UNDERTAKER	ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

W.D. Gravenor &

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. whatever, write Nonc. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) For many occupations a single word or term on Automobile factory. The material Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebrod ed term for the same disease. Examples: Cerebros pinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> capproved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Traemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephrilis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Whooping cough; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; Nomenclature

data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence.

permanently filed.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise operational laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation Compositor, mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the Chronic etc. The contributory affection need not be valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

11	1PLACE OF DEATH  County Dorchester			
Vil	lage or City Call II lage Id. (No.			
	2FULL NAME Percy T. Cannon			
	PERSONAL AND STATISTICAL PARTICULARS			
3 5	ale 4 COLOR OR RACE SINGLE, MARRIED, MARRIED, MARRIED, MIDOWED. OR DIVORCED (Write the word)			
6 [	DATE OF BIRTH			
	(Month) (Day) (Year)			
7 4	16 If LESS than I day hrs. 7 mos. 15 ds. or min.			
V	b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Maryland			
	10 NAME OF FATHER B. Cannon			
ENTS	OF FATHER (State or country) .12 Tyland			
STHL-YOUNG (a) Trade, profession or barticular kind of work hip Carment (b) General nature of industry busineas, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  10 NAME OF FATHER  (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Emily immons				
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)				
				(Address) Cambridge IId.
	(Address) Cambridge Id.			

04208 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

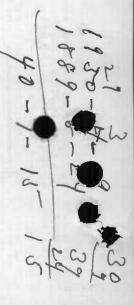
(If death occurred in a hospital or institu-tion, give Its NAME II -stead of street and

If more b.anks are needed, addre.s :tate Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The question applies to e ch and every person, irrespective ch cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on (b) Automobile factory. The material For persons who have no occupation But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrokpinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")



"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Committee on Nomenclature of the Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is fooked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, AYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCU. TION is very important. See Instructions on hook of contributions. ECORD A PERMANEN BINDING MARGIN RESERVED FOR WITH UNFADING INK--THIS

V S No.

PLACE OF DEATH	STATE OF MARYLAND
County Dryhalis	04203 CERTIFICATE OF DEATH,
^	Registration Dist, No.
Village or City Garrete do and (No. Camb	do I Want To see and
illage of City CHANNING THE (NO.	St: Ward) a hospital or inst
2FULL NAME Jammel	J. ( stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MALL A COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH CYALL 27, 1930 (Month) (Day) (Year
Makenon 1	17 I HEREBY CERTIFY, That I attended the deceased for
(Month) (Day) (Year)	that I last saw h alive on
AGE If LESS than	
ahrs. ds. or min.	1
OCCUPATION	A
(a) Trade, profession or barticular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion) yrs, mos
BIRTHPLACE	ContributorySecondary
(State or country)	(Deration) yre mos
TO NAME OF FATHER	(Signed)
11 BIRTHPLACE	192 (Address)
OF FATHER (State or country)	*State the listase Causing Death, or, in heaths from Violent Causes, state (1) Means of injury and (2) Whethe Accidental, Suicidal or Homicidal.
OF MOTHER MANY Of Myes	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Taicnts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosdsdsin theyrsmos
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea h?
A Canada	Former or usual residence
(Informant) (Address) Chambridge Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Fileful 29 1920 Equoly	20 UN DERTAKER ADDRESS
D Marin	The terms of the t

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. nature of the husiness or industry, and therefore an er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-(a) Foreman, (b) Automobile factory. The material state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia")

accident; Revolver wound of head-homicide; Poisoned by inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The n-ture of the injury, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. American Medical Association.) and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Always qualify all of the

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0

act.

PLACE OF DEATH	05476 STATE OF MARYLAND
County Dorchesles	CERTIFICATE OF DEATH
· ·	Registration Dist. No. // 6
Village or City Cambridge (No. 107	Mount St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Laura E. Co	antwell stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
finale This (Write the word)	16 DATE OF DEATH / 20 17 1920 (Month) (Day) (Year)
6 DATE OF BIRTH 1857	17 I HEREBY CERTIFY, That I attended the deceased from  1930 to My (7 , 1930,  that I lest saw har alive on 2 (7 , 1932,
(Month) (Day) (Year)	e P
7 AGE	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
72yrs. 5 mos. 28 ds. or min.?	The CAUSE OF BEATTI Was as follows:
B OCCUPATION (a) Trade, profession or Hornickufur particular kind of work	Carcinoma of olame of
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsds.
9 BIRTHPLACE (State or country) Many Land	Contributory Secondary  (Duration)
10 NAME OF James Me Montgone	(Signed) Selving M. D. Wy 21 121 (Address) Cambridge Ing
State or country) Maryland	*State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Adeline J. Abbott	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
no so I / La Touton	Former or usual residence
(Informant) Mrs. Cerlah G. Layou	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) To ambridge Md	Cambridge Md May 20, 1,30
Filed May 20 192 Step Registra	20 UNDERTAKER Hillis Toro. Cambridge &
If more b.anks are needed, addre.s htate Registre	ar, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. - But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report laborer, first line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day specifically the occupations of persons en-For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the If the occupation has been changed mill; (a) Salesman, (b)

Statement of Cause of Death—Name, first, the his-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." approved by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as accidental, suicidal or Homicidal, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as Committee on Nomenclature nephritis, etc. The contributory Example: Measles (disease

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07954 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Village or City (If death occurred in Ward) a hospital or institu-tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. pe pe BINDING may be n back Write the word) (Month) CERTIFY, That I attended the deceased from 6 DATE OF BIRTH ha (Day) (Year) IIf LESS than 7 AGE and that death occurred on the date stated above, at .6 I day hrs. The CAUSE OF DEATH \* was as follows: ESERVED ds. or min.? 8 OCCUPATION te (a) Trade, profession or ⊆ ŏ particular kind of work piai (b) General nature of industry business, or establishment in (Durstion) ... which employed or (employer) Contributory ARGIN 9 BIRTHPLACE Secondary (State or country) (Durstion) 10 NAME OF (Signad) FATHER (Address) IL BIRTHPLACE OF FATHER Discase Causing Death, or, In deaths from Volent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal, 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death .. State. (State or Country) 00 Where was disesse contracted. if not at place of dea.h?... CIANS sho statement Pormer or usual residence 15 If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Example: Measles (disease affection need etc. The contributory valvular heart disease; Nomenclature of the not be

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S No 1

County Dorche ster County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Cambridge (No. Eastern Shor	e State Hospital St.: Ward)  (If d-ath occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word) Single	January 13, , 1980 (Month) (Day) (Year)
April 17th, 1905  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from August 6th 1928 to January 13th 1930 that I last saw h im alive on January 13th 1930,
7 AGE    If LESS than   1 dayhrs.   24	and that death occurred on the date stated above, at
a) Trade, profession or particular kind of work None  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Virginia	About 8 years (Duration) yrs. mos. ds.  Contributory Chronic Myocarditis Secondary (Duration) 1 yrs. 5 mos. 8 ds.
FATHER John S. Cash	(Signed) M. D. January 141920 (Address) Cambridge, Laryland
OF FATHER  (State or country) Virginia	*State the Disease Causing Desth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
or Mother Hannah Rife	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Virginia	At place 1 yrs 5 mos. 8 ds. In the State yrs mos. de.  Where was disease contracted girdle Tree, 11d
(Informant) Eastern Shore State Hospital Record (Address) Cambridge, Md.	Former or usual yes dence Girdle Tree, Mary Tand  19 FLACE OF BURIAL OF REMOVAL  AUDI MELL, Mary Tand  DATE OF BURIAL  AUDI MELL, MARY TANDA  DATE OF BURIAL  AUDI MELL, MARY TANDA  DATE OF BURIAL
15 Filed DW 14 198 D ERWalf	20 UNDERTAKEN Jearne Spor Stilly
If more banks are needed, address tate Negistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. I.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quossary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Sulesmon. (b) Grocery; (o) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (0) cases, especially in industrial employments, it is neceser," etc., without more precise specimeaning and laborer, Form loborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation without more precise specification as Doy form loborer, Laborer—Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise..se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease unqualified, is indefiuite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by roilwoy trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart diseose; Example: Measles (disease etc. The contributory

1PLACE OF DEATH

County Doubles	CERTIFICATE OF DEATH
WITHIN DO	Registration Dist. No. // 6
Village or City Canal Mo. (No. 2FULL NAME Thomas &. (	St.: Ward) (If death occurred a hospital or institution, give its NAME is stend of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  WIDOWED. OR DIVORCED OR DIVO	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  Month)  (Day)  (Year)  17 I HEREBY CERTIFY, That I attended the deceased from the last saw has alive on the last stated above, at the list saw has as follows:  (Durstion)  (Durstion)  (Signed)  (Sig
(Address) Casalla Males Filed Suil 4 1980 E. E. Wolff Registras	19 PLACE OF BURIAL OR REMOVALY  Carryla Manle 4, 12  20 UNDERTAKER  Lange Cumple Manle 4  Lange Cumple Manle 4  Lange Cumple Manle 4  Lange M

STATE OF MARYLAND

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The materia additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in Physician, er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None.

Statement of Cause of Death—Name, first, the prebusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, (a) the kind of work and also (b) the Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection withrespect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebross; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopaeumonia ("Pneumonia,");

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inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Ilaemorrhage," "Shock," " causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease Whooping use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic etc. The contributory valvular heart disease;

	PLACE OF DEATH County Dorchester		07955	STATE OF MARY
	)	1 od 4 10 o com	90	Registration Dist. No.
/ill	age of City Cambridge	(No.Eastern Shore		St: Ward) (If dea hospition, gi stead numbe
				***************************************
	PERSONAL AND STATISTIC		MEDICA	AL CERTIFICATE OF DEA
3 5	EX COLON ON MACE	SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Married	16 DATE OF DEATH	July 25, (Month) (Day)
3 D	ATE OF BIRTH			CERTIFY, That I attended th
	Novembe (Month)	(Day) (Year)		19226. to July 25
7 A	GE 47 yrs. 8 mg	If LESS than I dayhrs. ormin.?	The CAUSE OF DEAT	ed on the date stated above, at H * was as follows:
(le b	a) Trade, profession or articular kind of work.  b) General nature of industry usiness, or establishment in which employed or (employer)	chent	8 Hrs. Contributory becondary	(Duration)
	10 NAME OF FATHER John M. Co	ocil	(Signed)	rles fafier
ENTS	OF FATHER (State or country) Haryland			is ase Causing Death, or, in ate (1) Means of Injury and or Homicidal.
PARE	of Mother Lary Cros.	ley		SIDENCE (For Hospitals, Ins
	13 BIRTHPLACE OF MOTHER (State or Country) Maryland		At place Since Av	unst 25, lighte yrs
15	(Informant) B.S.S.Hosnit  (Address) Cambridge, III	al Records	5	ce, Karyland LOR REMOVAL CODE  COUNTY  COUNTY
=	If more b.anks are n	eeded, addre.s Ltate Kegistra	r, 16 W. Saratoga St.,	Balto. Lequesting V. S. Ivo. 1.

STATE OF MARYLAND 07955 CERTIFICATE OF DEATH

Registration Dist. No.

State Hospital St. Ward)

(If d-ath occurred in a hospital or institu-tion, give its NAME is-stead of street and number.)

16 DATE OF DEATH	July 25.	, 192.50
***************************************		(Day) (Year).
17 I HEREBY C		ttended the deceased from
		July 25, , , 192
hat I last saw hima	live on Jul	y 25, 1923.
and that death occurred	on the date state	d above, at 7:10 As.
The CAUSE OF DEATH		
Cerc	oral Henorr	nere
	POR 00 000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 × 0 1 0 0 × 0 0 0 0 0 0 0 0 0 0 0 0 0
00000000000000000000000000000000000000	wangang o gg o oo gg o o ob wangano na quina ad 100	
O Una		
О ДГЗ.	(Duration)	yrsmos
Contributory	Chronic	Yocarditis
Secondary		
	(Duration)	4. yısmos
0.80	(Duration)	
	les fat	ierre M.
July 25, 192 30	(Address) Cambr	iday Ma.
*State the Disca Violent Causes, state	(Address) Causing Deat (1) Means of	ierre M.
*State the Discrete Violent Causes, state Accidental, Suicidal or	(Address) Comprase Causing I) eat (1) Means of Homicidal.	id ad
*State the Discrete Accidental, Suicidal or	(Address) Country  ase Causing Deat  (1) Means of  Homicidal.	iday Ma.
*State the Discrete Causes, state Accidental, Suicidal or ID LINGTH OF RISH ients or Recent Residence.	(Address) Country ase Causing Deat (1) Means of Homicidal.  DENCE (For Hos	id any M.  h, or, in deaths from Injury and (2) Whether pitals, Institutions, Tr.
*State the Uses state Accidental, Suicidal or RESII ients or Recent Resid	(Address) Country ase Causing Deat (1) Means of Homicidal.  DENCE (For Hos	id any M.  h, or, in deaths from Injury and (2) Whether pitals, Institutions, Tr.
*State the User Violent Causes, state Accidental, Suicidal or 10 LINGTH OF RESH ients or Recent Resid At place Since Augmontation of death 10 Line 10	(Address) County ase Causing Deat (1) Means of Homicidal.  DENCE (For Hosdents) ust 25, 152	h, or, in deaths from Injury and (2) Whether pitals, Institutions, 1r.
*State the User Violent Causes, state Accidental, Suicidal or to LINGTH OF RESH ients or Recent Resid At place Since Augmontation of death with most suicidal or most suicidal or most suicidad o	(Address) County ase Causing Deat (1) Means of Homicidal.  DENCE (For Hosdents) ust 25, 152	id any M.  h, or, in deaths from Injury and (2) Whether pitals, Institutions, Tr.
*State the Lists Violent Causes, state Accidental, Suicidal or 10 LINGTH OF RESILIENTS OF Recent Resid At place Since August More was disease contract in not at place of deah?	(Address) County ase Causing Deat (1) Means of Homicidal.  DENCE (For Hoselents) ust 25, 152 ted, Queen An	h, or, in deaths from Injury and (2) Whether pitals, Institutions, 1r.
*State the Discrete Violent Causes, state Violent Causes, state Accidental, Suicidal or ID LINGTH OF RESILIENTS OF Recent Residence of Catholical Contraction of at place of death. The Contraction of at place of death. The Contraction of at place of death. The Contraction of at place of death.	(Address) Country ase Causing Dealer (1) Means of Homicidal.  DENCE (For Hoselents) ust 25, 193 ted, queen an	id a, Md.  h, or, in deaths from Injury and (2) Whether pitals, Institutions, Trackie ate yrs. mos me County, Id.
*State the Lists Violent Causes, state Accidental, Suicidal or 10 LINGTH OF RESILIENTS OF Recent Resid At place Since August More was disease contract in not at place of deah?	(Address) Country ase Causing Dealer (1) Means of Homicidal.  DENCE (For Hoselents) ust 25, 193 ted, queen an	h, or, in deaths from Injury and (2) Whether pitals, Institutions, 1r.
*State the Discrete Violent Causes, state Violent Causes, state Accidental, Suicidal or ID LINGTH OF RESILIENTS OF Recent Residence of Catholical Contraction of at place of death. The Contraction of at place of death. The Contraction of at place of death. The Contraction of at place of death.	(Address) Country ase Causing Dealer (1) Means of Homicidal.  DENCE (For Hoselents) ust 25, 193 ted, queen an	id a, Md.  h, or, in deaths from Injury and (2) Whether pitals, Institutions, Trackie ate yrs. mos me County, Id.
*State the Discrete Violent Causes, state Accidental, Suicidal or 10 LINGTH OF RESII ients or Recent Resid At place Since Augusta Most Where was disease contract not at place of death.  Where was disease contract not at place of death.  19 PLACE OF BURIAL OF BURIAL OF STATE OF BURIAL OF STATE OF STA	(Address) Country ase Causing Dealer (1) Means of Homicidal.  DENCE (For Hoselents) ust 25, 193 ted, queen an	id a, Md.  h, or, in deaths from Injury and (2) Whether pitals, Institutions, Trackie ate yrs. mos me County, Id.
*State the List Violent Causes, state Accidental, Suicidal or ID LINGTH OF RESILIENTS OF Recent Residents	(Address) Country ase Causing Dealer (1) Means of Homicidal.  DENCE (For Hoselents) ust 25, 193 ted, queen an	id a, Md.  h, or, in deaths from Injury and (2) Whether pitals, Institutions, Trackie ate yrs. mos me County, Id.

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(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when necded. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopacumonia ("Pneumonia,"

> telanus) may be stated under the head of "eontributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL scplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The contributory affection need not be

V. S. No. 1

	PLACE OF DEATH County Deschools	16345		MARYLAND E OF DEATH
Vill	age or City Hurlock Hed ( nes		Registration	Dist. No. //O  d) a (If death occurred in a hospital or institution, give its NAME in
	2 FULL NAME (HIS Name) Co	sphae (	3 month	stead of street and
	PERSONAL AND STATISTICAL PARTICULARS	MEDI	CAL CERTIFICATE	OF DEATH
36	ex 4 color or race 5 single.  MADRIED FORLUS  WIDDED  OR DIVORCED  (Write the word)		(Month)	, 19 <b>3</b> 0(Day)(Year)
D	Seft 1930 (Month) (Day) (Year)	that I last saw h	colonad	ttended the deceased from Square 19470
7 A	111 000 1	and that daath occu	erred on the data state	ed abova, atm
	yrs. o mos. o ds. or min.?	The CAUSE OF DEA	TH * was as follows:	we to pres-
1 (8	a) Trade, profession or Anne articular kind of work	Carriage	- nasal	Jecont
1	o) General nature of industry usiness, or establishment in which employed or (employer)	100 °	(Duretion)	yısds
9 B	(State or country) Hurloch, Wed	Contributory Secondary	(Duration)	.yrs
	10 NAME OF FRANK Coursey	(Signed)	R (Address) Pro	sten we
ENTS	OF FATHER (State or country) Many Cand	*State the Violent Causes, Accidental, Suicida	Disease Causing Deat state (1) Means of il or Homicidal.	h, or, in deaths from Injury and (2) Whether
PAR	of MOTHER alice Coples		ESIDENCE (For Hos Residents)	pitals, Institutions, Trans
	OF MOTHER (State or Country)	At place of deathyrs		he tatede
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of de Former or usual residence		1
	(Address) Hurlock had	19 PLACE OF BURI	al or REMOVAL	Seles, 1932
15	Filed Deft 29 1936 R. L. Hastings Registrar	20 UNDERTAKER	Cephas	Hurlock My
	If more bianks are needed, addrass Stata Registra	r, 16W. Saratoga St.	, Bailo., Requesting V	. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken er," etc., without more precise specification as Doy loborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Former (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, mer, (b) Cotton mill; (o) Salesman. (b) Grocery; Foreman, (b) Automobile foctory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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MANGIN REVENUED TO DINDING	WIE LINLY WITH UNFADING INK-THIS IN PERMANENT CORD	N. B.—Every item of information should be carefully supplied. ACE should be stated—EXACT CIANS should state AUSE OF DEATH in plain terms so that it may be properly class statement of OCCUP ON is very important. See instructions on back of certificate.
-	rain,	ż

PLACE OF DEATH	12370 STATE OF MARYLAND
County Doubiles	CERTIFICATE OF DEATH
THERE WORKERPER LIE A. M.	Registration Dist. No. 116
Village or City amhida (No.	St.: Ward) (If death occurred in
2FULL NAME Aus Christin	a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH OLL 2 , 193 7
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
QIT 4 1861	Jeft 13 1920. to UCT Z , 1920.
(Month) (Day) (Year)	that I last saw her alive on Con 1820,
7 AGE If LESS than	and that death occurred on the date stated above, at
grs. // mos. 2- ds. or min.?	The CAUSE OF DEATH * was as follows:
OCCUPATION	Dilation of Hone
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) type times ds.
9 BIRTHPLACE	Contributory Carcinoma Maracus
(State or country)	(Duration) Jyrs thomas the de.
10 NAME OF HALL Za Ada.	(Signed) JD. T. Sharing M. D.
11 BIRTHPLACE	(1) (19%0. (Address)
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Agreed Munnline	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents)  At place In the of deathyrsmosds. Stateyrsmesde.
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) In Jugh	usual residence
(Address) Combady mel	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  ALL 4 . 193 C
Filed 4 1930 Elwolf Registrar	Trank & alburgh Cambrigh me
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesmon, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from definite salary), may be entered as Houscwife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screon, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Form laborer, Loborer-Coul mine, etc. without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (6) Grocery; Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros point fever (the only definite synonym is "Epidemic cerebros spinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid Jever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,");

(Recommendations on statement of cause of American Medical Association.) inges, perilonoeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; approved by corbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e.g., sepsis, taken. FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condi cough; Committee on Nomenclature of the Chronic valvular hoort diseose; etc. The contributory

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, A CI-CORD A PERMANENT BINDING MARGIN RESERVED FOR WITH UNFADING INK--THIS AINL V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
/	County Dorchestes	CERTIFICATE OF DEATH
		Registration Dist. No.
	Village or City Seem (No	St: Ward) (If death occurred in a hospital or institu-
tificate	2FULL NAME	tion, give its NAME is stead of street and number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  Month (Day) (Year)
2	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
0 8	Mrse 3 1879	1928 . to Usul 6 , 1810.
00	(Month) (Day) (Year)	that I last saw hisastalive on March 10, 1910,
non	7 AGE [If LESS than	and that death occurred on the date stated above, at 10 a.m.
Str	50 yrs. // mos. 3 ds. or min.?	The CAUSE OF DEATH * was as follows:
	8 OCCUPATION	W. St. 0 (A.C. 4 4')
200	(a) Trade, profession or particular kind of work	Motral Regurgetation
	(b) General nature of industry	
rtan	business, or establishment in which employed or (employer)	(Duration) 7 yrs. 1 mos de.
100	9 BIRTHPLACE	Contributory
<u>E</u>	(State or country)	Secondary  (Duration)
2	10 NAME OF	Jan K A.
0	FATHER Jas. Homos	(Signed) O. M. D.
9	II BIRTHPLACE OF FATHER	Mark 1. 190 D (Address) Carlotted
5	Z (State or country)  M 12 MAIDEN NAME /	*State the Discase Causing Death, or, in death from VIolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Millie Charl	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
5	13 BIRTHPLACE OF MOTHER	At place In the
3	(State or Country)	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Informant) Para & A. Prides	Former or usual residence
	(Informant) fund and a continue of the continu	19 PLACE DF BURIAL OR REMOVAL DATE OF BURIAL
ale	(Address) See	took neck Not Caliple 8, 1930
O	15 51 1/11 7 1024 99Wolf	2D UNDERTAKER PHIL ADDRESS
	Filed 1928 Registrar	Ten is & Baynem Carry
	If more blanks are needed, address tate Registrar	, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise specimens. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physiciun, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; affection need not be etc. The contributory Nomenclature of the

tem of information should be carefully supplied. ACE should be stated EXACTLY, should state CAUSE CF DEATH in plain terms so that it may be properly classified ent of OCCUT. ION is very important. See instructions on back of certificate. CORD PERMANENT BINDING MARGIN RESERVED FOR WITH UNFADING INK--THIS Every Item of Inform CIANS should state statement of OCCU

V. S. No. 1

N. B.

	PLACE OF DEATH  County Dorclester  Village or City Deskurth (No. )  2FULL NAME Clarence U	O9162 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. //6  Ward) Chester  Ohester  State OF MARYLAND (If death occurred in a hospital or Institution, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male Colored Single, Married, Widoweb.  Or DIVORCED (Write the word)	(Month) (Day) (Year)
	(Month) (Day), 1911 (Year)	that I last saw h Malive on aug, 13, 1920
	7 AGE 19 yrs. 1 mos. 1 lf LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 17 71 m. The CAUSE OF DEATH * was as follows:
-	(a) Trade, profession or farmer  particular kind of work  (b) General nature of industry	auti scarley moder of spull
	business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) Louchester Cu	Contributory Cuts acciding Correlation (Duration)  Contributory  Secondary  Multiple Car (Duration)  Mos de
	of 11 BIRTHPLACE	(Signed) Le P. Vinton R. La Cotting County D. Cary, 16 1930 (Address) Carshe Lige, had
	OF FATHER (State or country) Dorchester Co.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Usleals fletcher  13 BIRTHPLACE OF MOTHER (State or Country) Wushington D.C.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Stateyrsmosds.
	(Informant) Wm A Chester	Where was disease contracted, accelent at Cambridge if not at place of deah? accelent at Cambridge Former or usual residence Cambridge Mrsh. R. F. D.
	(Address) Flagds Md.	Beckwith neck Center aug- 17, 1930
	Filed aug. 16 1930 E. E. Walff. Régistras	20 UNDERTAKER 21. Clair. Camb. Md
	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise specincation as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, For many occupations a single word or term on or At Home, Compositor, Architect, Locomotive engineer, and children, not gainfully em-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condicough; Chronic etc. valvular heart disease; The contributory

07956 STATE OF MARYLAND PLACE OF DEATH Dirchester CERTIFICATE OF DEATH 99-02 Registration Dist, No. Ward) properi PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH pe WIDOWED. OR DIVORCED Write the word I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that (Day) and that death occurred on the date stated above, at If LESS than 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows: terms ESERVED 8 OCCUPATION See (a) Trade, profession or Oparticular kind of work plai (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE (State or country) DO 10 NAME OF DO 5 L 0 Shor 11 BIRTHPLACE PARENTS OF FATHER \*State the Disease Causing Death, or, in deaths from 0 7 Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAM 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate ients or Recent Residents) 13 BIRTHPLACE In the At place of death. OF MOTHER ....yrs......ds. (State or Country) Where was disease contracted, if not at place of death?.... Former or usual residence

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in a hospital or institu-

tion, give its NAME in-stead of street and

(Day) (Year)

DATE OF BURIAL

number.)

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman. nature of the business or industry, and therefore an sary to know eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Lacomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the -Coul minc, etc. Wom-(6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anacmia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uruemia," "Weakness," etc., when a definite disease American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Chronic valvular heart disease, etc. The contributory Nomenclature Always qualify all

ion should be carefully supplied. ACE chould be stated EXACTLY, PAIDSE OF DEATH in plain terms so that it may be properly classified. ON is very important. See instructions on back of certificate. PERMANENT UNFADING INK--THIS RESERVED MARGIN CIANS should state statement of OCCUP. N. B.

BINDING

V. S. No. 1

PLACE OF DEATH County Grehate	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 114
Village or City Llyds (No	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 16 , 1936 (Month) (Day) (Year)
6 DATE OF BIRTH  (6 (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
yrs. mos. ds. or O min.?  B OCCUPATION (a) Trade, profession or	The CAUSE OF DEATH * was as follows:
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds  Contributory Secondary
(State or country)  10 NAME OF FATHER Prince In Charter  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER EVA Charter	(Signed)
OF MOTHER WA SO FUS CL.  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents)  At place of death
(Informant)  (Address)	Former or usual residence
Filed 192 Registrar	20 UNDERTAKER ADDRESS

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) gaged in domestic service for wages, as Nervant, Cook definite salary), may be entered as Housewife, Houseloborer, er," etc., Spinner, additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the whatever, write None. busine-, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Munager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile foctory. The material 6 yrs). For persons For many occupations a single word or term on Form laborer, (b) Cotton mill; (o) Salcsman. At Home, and children, not gainfully emwithout more precise specification as Day Laborerwho have no occupation -Coal minc, etc. (6) Grocery;

Statement of Cause of Death—Name. first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pmeumonia, Bronehopmeumonia ("Pneumonia,"

> (Recommendations on statement of cause of American Medical Association.) 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (mcrely symptomatic), "Atrophy." "Collapse." "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," approved by tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septicucmia," "Puerperal peritonitis," etc. as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably sucide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Mcaslcs (disease (secondar; or intercurrent) affection need not be Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railreay train-Whooping cough; Committee on Nomenclature Chronic etc. The contributory

PLACE OF DEATH County/Collecter	04212 STATE OF MARYLAND CERTIFICATE OF DEATH
My new market	Registration Dist. No.
Village or City & docado (No. 2FULL NAME Jefell blittest	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Married, Wildowed. (Write the word)	16 DATE OF DEATH 4 3 , 192
B DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw h make on 4 3 1920,
7 AGE    If LESS than   I day hrs.   or min.?	and that death occurred on the date stated above, at / fm. The CAUSE OF DEATH * was as follows!  Automobile Accolous
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Probble from Broscentick  Drocking Strull  (Pour line Bout 3 how after  (Duration) yrs. mos. ds.  Contributory Secondary
(State or country) (lublica)  10 NAME OF FATHER DESPUBLICATION  11 BIRTHPLACE OF FATHER	(Signed) Sloger Myers M. D. 4/3 1930(Address) Hulver Red
(State or country) Custica  12 MAIDEN NAME OF MOTHER WORL PROVI	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)  Dout know	ients or Recent Residents)  At place In the of deathyrsmosds.  Where was disease contracted,
(Informant) bleft Curetice (Address) Eldorado,	Former or usual residence.  19 NATE OF BURIAL OR REMOVAL DATE OF BURIAL  ACCOUNTS AND ACCOUNTS A
Filed 4 - 6 192 Registrar	20 UNDERTAKED Willoughly But New Marker
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Reducsting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. ployed, as At school, or At home. Care should be taken nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of to report specifically the occupations of persons enen at home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. the first line will be sufficient, e.g., Farmer or Planter, Foreman, (b) Automobile factory. The For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Cotton mill; (a) Salcsman, For persons who have no occupation who are engaged in the duties of the Locomolive engineer, (b) Grocery, material

Statement of Cause of Death—Name, first, the DISEASE CAUSING BEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

Pinges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Puerperal septicaemia," "Puerperal peritonitis, "Uraemia," "Weakness," etc., when a definite disease approved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. State cause for which surgical operation was undercan be ascertained as the cause. "Exhaustion, "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJURY diseases tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. use of "Tumor" for malignant neoplasms); Mcaslcs unqualified, (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; Never report mere symptoms or terminal condi-.. (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as is indefinite); Tuberculosis of lungs, men-"Congenital," "Senile," etc.), "Dropsy,"," "Heart failure," "Haemorrhage," Committee on Chronic Example: Measles (disease chopncumonia (secondary), The nature of the injury, etc. The contributory affection need valvular heart disease Nomenclature Always qualify al not be

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed laborer, Physician, Foreman, or For many occupations a single word or term on Farm laborer, (b) Cotton mill; (o) Salesman. At Home, and children, Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile foctory. The material Laborer--Coul mine, etc. Womnot gainfully em-(b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age, "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," stated unless important. tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL diseases resulting from childbirth or miscarriage as "Exhaustion, atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; inges, perilonaeum, etc., Coreinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Recommendations on statement of cause of death Examples: A ccidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Whooping American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; " "Marasmus," "Old Age," "Shock, or intercurrent) affection need 9 9 Committee on ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic valvulor heart disease; Example: Mcasles (disease etc. The contributory Nomenclature Always qualify all not be

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Vi	PLACE OF DEATH County Dorchester  Men Phodisdale (No	05477 3)	STATE OF N CERTIFICATE Registration D	OF DEATH
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE O	F DEATH
3:	SEX  4 COLOR OR RACE   5 SINGLE, MARRIED, Pungle WIDOWED, OR DIVORCED (Write the word)	16 DATE DE DEATH	4 23 (Month)	(Day) (Year)
6	May 22, 1919 (Modth) (Day) (Year)	that I last saw h	CERTIFY, That I atte	nded the deceased from 192
	yrs. mos. de. lf LESS than l day hrs. or min.?	and that death occur The CAUSE OF DEAT	red on the date stated of the was as follows:	above, at J. L. in.
M	a) Trade, profession or articular kind of work	/ Pro-c		
7.6	b) General nature of industry usiness, or establishment in which employed or (employer)	0 . 1	(Duration)	yrstnosZ.Øds.
9 8	STATE OF COUNTRY OF TATHER	Secondary (Signed)	(Duration)	утяds,
NTS	11 BIRTHPLACE OF FATHER (State or country)	5-/ 14 180	(Address) Death, ate (1) Means of Injury Homicidal.	
ARE	12 MAIDEN NAME OF MOTHER 190 Mt. Johnson			als, Institutions, Trans-
11.	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrs	ln the State.	утапот
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dear	acrea, h?	
	(Informant) Peter Collins (Address) Rhodes dale RD	19 PLACE OF BURIAL  Jours Hu	cheb Cey	May 2) - , 1930
15	Filed My 24 1930 R Obert & Hoslings.	Poles Col	lins	Rhodesdale Rh
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., I	Salto., Requesting V. S.	No. I.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Screant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationory freman, etc. But in many the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enetc., Foremon, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm loborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Saleşman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Locomotive 6 engineer, Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted techn for the same disease. Examples: (\*erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); telanus) may be stated under the head of "contributory." corbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; I'visoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicucmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Inanition," Managamus, "etc., when a definite disease "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart ranne," "Old Age," "Shock," "Thanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. (secondar, Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Recommendations on statement of cause of as fracture of skull, and consequences (e.g., scpsis, Examples: A ceidental drowning; Struck by railway traintaken. American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinomo, Sorcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be ss important. Example: Measles (disease 'Congenital,' "Senile,' etc., "Dropsy, Chronic valvulor heart disease; nephritis, etc. The contributory Meosles ;

1
ORD

PLACE OF DEATH County Bor chester

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. // 6

Vi	lage or City Williams Rung (No.	St: Ward) (If death occurred in a hospital or institu-
	2FULL NAME Tilghman R. OS	tion, give its NAME is stead of street and number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ν. Σ	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH / / / Z, 1920 (Month) (Day) (Year)
6	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	that I last saw h malive on Oct / 1920.
7 /	GE [If LESS than	and that death occurred on the date stated above, at \$40Am.
	1 day hrs.	The CAUSE OF DEATH * was as follows:
F () E	yrsds. ormin.?  CCCUPATION a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)	ateris ocherotis Tangrens y  left fort y leg  (Duration) vis. 5 mos. ds.
9 1	BIRTHPLACE	† Contributory Secondary
	(State or country)  10 NAME OF Bushrod Colling  11 BIRTHPLAGE	(Signed) (Address) Folyalla, M.D.
ENTS	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
AR	OF MOTHER Margaret Servis.	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Informant) William Mr. Collins	Former or usual residence
	(Address Milliamshurg Trid	Bethel, brd. Date of Burial Det. 14", 1930.
15	Filed Oct 14 1930 M. L. Hasting o	20 UNDERTAKERS  This transform & Son the decaloburg

If more b.anks are needed, addre.s Ltate Negistrar, 1) W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Locomolive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebros panal fever (the only definite synonym is "Epidemia cerebros inal menin\_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

Recommendations on statement of cause of death st.ted unless important. Example: Measles (disease approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, etc. The contributory as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY cough; Chronic valvular heart disease;

Exact

#### N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, F. CIANS should state AUSE OF DEATH in plain terms so that it may be properly classified statement of OCCUR ION is very important. See instructions on back of certificate. ORD PERMANENT BINDING FOR WITH UNFADING INK--THIS IS MARGIN RESERVED

V. S. No.

PLACE OF DEATH County D' Della County	12372 STATE OF MARYLAND CERTIFICATE OF DEATH
County A .	Registration Dist. No. //6
Village or City (No. 206 May	St: Ward)  (If death occurred is a hospital or institution, give its NAME in stead of street annumber.)
2FULL NAME / A	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Markied,  Middle Write the word)  A color or race 5 SINGLE,  MARRIED,  WIDOWED.  OR DIVORCED  (Write the word)	(Month) (Day) (Year)
E DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Supply 1920. to Oct 30, 1920 that I last saw h Manager and Oct. 30, 1920
7 AGE  76 yrs. F mos 23 ds.   If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 12.45 P. w.
b DCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Carcinoma of Colon-
business, or establishment in which employed or (employer)	(Duration)yrs,mosd
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration)yrsmosd
10 NAME OF FATHER M. M. Cork	(Signed) ElWalff M. I Oct. 31 1980 (Address) Cambridge, Md
OF FATHER (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Chily May	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranienta or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death mos ds. In the State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Am John Jankson	usual residence
(Address) / Cupling md	Cambriga the my 2. 1231
Filed Oct 31 1920 Ellvalf Registrar	20 UNDERTAKER Alburgh Campby m
lf more blanks are needed, addrass State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Furmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housenaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken en at home, who are engaged in the duties of the whatever, write None. Foreman, For many occupations a single word or term on or At Home, yrs). For persons who have no occupation Farm laborer, (b) Automobile factory. The material and children, not gainfully em-Laborer-Coul mine, etc. Womengincer, (irocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilaria avoid use of "Croup" Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

1830-20-23 1839-2-7 74-8-23

causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus, when a definite disease "Uruemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart lanue, "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (mcrely symptom-(secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases American Medical Association.) "Atrophy," "Collapse, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcona, etc., ol Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as cough; Chronic valvular heart disease; " "Coma," "Convulsions, etc. The contributory Measles;

PLACE OF DEATH 6380 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-Ward) stead of street and stated E. properly of certific PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. Marke OR DIVORCED (Write the word) 25 (Day) / 5 36 (mar) ..... I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH ee instructions (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 2 Rockm. 1 day hrs. The CAUSE OF DEATH \* was as follows: 8 OCCUPATION (a) Trade, profession or docume una Se particular kind of work plai (b) General nature of industry business, or establishment in (Duration) 2 which employed or (employer) TH Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) PA EA DO 10 NAME OF FATHER .. (Address) 11 BIRTHPLACE \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. SO (State or country) 12 MAIDEN NAME œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death ......yrs......mos......ds. State.....yrs.....rnes..... (State or Country 4.00 Where was disease contracted, if not at place of death? Every item CIANS sho statement Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Registrar 16 W. Saratoga St., Balto, Requesting V. S. No. 1 If more blanks are needed, address State Registr

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housestate occupation at beginning of illness. If retired from er," etc., Spinner, additional line is provided for the latter statement; it fulness of various pursuits ean be known. The questired 6 yrs). work, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of eupation is very important, so that the relative health-Statement of Occupation-Precise statement of oewhatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed. us At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physicism, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed to report Foreman, (b) Automobile factory. The material For many occupations a or At Home, and children, not gainfully em-Farm laborer, (b) Cotton mill; (a) Salcsman. without more precise specification as Day specifically the occupations of For persons Loborerwho have no occupation single word or term on -Coul minc, etc. Wom-(6) persons en-Grocery

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "PUERPERAL septicuemiu," "PUERPERAL perilonitis, "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Brenchopneumonia (secondary), stated unless important. (secondar, Whooping cough; Chronic valuular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, poritonueum, etc., Carcinoma, Sarcoma, etc., of ........ name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, curbolic acid - probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY Λq resulting from childbirth or miscarriage as or intercurrent) affection need not be ss important. Example: Measles (disease Committee on Nomenclature "," etc.), "Dropsy," "Haemorrhage,"

V. S. No. 1

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PLAGE OF DEATH	02877 STATE OF MARYLAND
County Doll Doll	CERTIFICATE OF DEATH
0 1 10 1	Registration Dist, No.
Village or City William Village or City	St.: Ward) (If death occurred in a hospital or institution, give its NAME is
2FULL NAME/107412 CO	stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED, WIDOWED.	16 DATE OF DEATH Musich 15 1980
GR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH MD D N.5.	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw her alive on Mar & , 1940,
7 AGE [If LESS tha	- 1. Q.
3 - 18 dayhr	
yrsmosds. ormin	menmonia anch.
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) 7 yts. 7 mos 8 ds.
which employed or (employer)	Contributory Soffice
(State or country)	Secondary (Duration) June 100 miles (Duration) Duration (Duration)
TO NAME OF SATHER.	(Signed) Thrown M. D.
() II BIRTHPLACE	Man 17.192 1. (Address) Cambridge
OF FATHER (State or country)  12 MAIDEN NAME	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER UNIVE BLUND	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place
(State or Country)	of deathyrsds. Stateyrsds.  Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant)	usual residence
(Address) Climin Cell	Jaylors Island Mar 18. 130
15 Filed Mar 19930 & P. Need	O UNDERTAKER ADDIESS
Registra	Winall Musicus Clay Olly
If more blanks are needed, address tate Kegistz	ear, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) cupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Houseer," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on home, who are engaged in the duties of the yrs). Farm laborer, Laborer -- Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation (b)

Strtement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Traemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably swieide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need not be Chronic etc. The contributory valvular heart disease;

SI

1PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Dorchester	01)
ITHIR CORPORATE LEGITE OF	Registration Dist. No.
Village or City Cambridge (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Edward	Speland stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH / 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw he results on Lovico, 1900.
7 AGE [If LESS than	and that death occurred on the date stated above, atm.
LLyrs. mos. 77 ds. or min.?	
BOCCUPATION mos. ds. or min.?	Chest Charles Comme
(a) Trade, profession or	A
(b) General nature of industry business, or establishment in	In guest Work (Duration) I yrs. H. mos. / ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) / Carolina	Secondary (Durstion)
10 NAME OF FATHER	(Signot) of Binlers Stage of the Min
o 11 BIRTHPLACE	Mm / 1924 (Address) What are in daths from
(State or country)	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrsmos,ds. In the Stateyrsmosds
(State or Country) unbecome	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant)	usual residence
(Address) Muouul	Waugh Cemetery how 12, 1,30
15 Filed PN-12 1980 ERWHY Registral	20 UNDERTAKER DU ADDRESS  20. 2N. St-Claer Carol Med
If more blanks are needed, addre.s Ltate Registre	ar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Tlanter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) nature of the husiness or industry, and therefore an en at home, who are engaged in the duties of the er," etc., Without more province, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day Compositor, Architect, (b) Automobile factory. The material Salesman, (b) Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ingcs, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, ..... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY by Committee on Nomenclature Chronic valvular heart disease; not be

PLACE OF DEATH	STATE OF MARYLAND
County Drichester	19164 CERTIFICATE OF DEATH
	Registration Dist. No. //6
Village or City Carelin an (No.	Hespital St.: Ward) a Hospital or institu
2FULL NAME Infant Callin	tion, give its NAME in-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tende Color or RACE SINGLE.  MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Aug 14, 1930 (Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
ling 14, 1930	Aug. 14 1930 10 asy 12 , 1920
(Month) (Day) (Year)	that I last saw h was alive on Wood / 1920.
7 AGE IIFLESS than I day 7 hrs.	and that death occurred on the date stated above, at
yrsds. ormin.?	
(a) Trade, profession or	Vremetin Brita
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
State or country)	Contributory Secondary  Contributory Secondary  (Duration) yrs
10 NAME OF Maylord Collins	(Signed) SEWOLFF M. D.
11 BIRTHPLACE	Dry 16 1936 (Address) Casulaide Ind
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Sallic Robison	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos, ds. State yrs de.
(State or Country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
A/- 1 2.0 B. 0,	Former or usus residence Shaplown, Md,
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	CoKesbury Charle Cisy. 16, 1930
Filed any. 16 1930 Estholy	20 UNDERTAKER ADDRESS
Registrar	Herman Valuer Scoperd, Dr. R. D.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Preeise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enen at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. Housemaid, etc. If the occupation has been changed laborer, Foreman, (b) For many occupations a single word or term on yrs). Form laborer, Laborer-(b) Cotton mill; (o) Salesman. (b) without more precise specification as Day For persons who have no occupation Automobile foctory. The material -Coal mine, etc. Grocery; Wom-

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of eause of (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Amaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "Puerperal septicocmia," "Puerperal pertionitis," etc. "Inanition," "Weakness," etc., when a definite disease "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, approved by Committee on Nomenclature as fracture of skull, and consequences e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trointaken. For violent deaths state means of injury "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory volvulor heart disease;

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PRISI-CIANS should state AUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPY, DN is very important. See instructions on back of certificate. PERMANENT BINDING FOR ITH UNFADING INK--THIS IS RESERVED MARGIN V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND		
	County Orchester	09163 CERTIFICATE OF DEATH		
100		Registration Dist. No. 116		
1/2	Village or City ambridge (No.	regital St.: Ward) (If death occurred in a hospital or institu-		
	2FULL NAME Infant Co	a hospital or institu- tion, give its NAME in- stead of street and number.)		
=		MEDICAL CERTIFICATE OF REATH		
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3	Jamel Colored (Write the word)	16 DATE OF DEATH Aug. 23 , 1930 (Year)		
6	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from		
	aug. 14, 1930	(lug, 17 1930. to lug. 2), 1920.		
	(Month) (Day) (Year)	that I last saw h alive on aug., 1930.,		
7	7 AGE [If LESS than	and that death occurred on the date stated above, at		
	yrs. — mos. 9 ds. or min.?	The CAUSE OF DEATH * was as follows:		
ē	OCCUPATION	Roger tus Buth		
	(a) Trade, profession or particular kind of work	J. Martin		
E	(b) General nature of industry			
	business, or establishment in which employed or (employer)	(Durstion)yrs,mosds,		
S	SBIRTHPLACE (State or country) Md.	Contributory Secondary  ADuration yes		
-	10 NAME OF Mauhand Callins	(Signed) Short M. D.		
1	II BIRTHPLACE	aug 23 1980 (Address) amoriage, Ma		
	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
	of MOTHER Sallie Johnson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)		
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,		
1	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?		
		Former or usual residence		
	(Informant) (Address) Hospital Records	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Paper Syrve, Dorcherter aug. 23, 1930.		
	Filed aug 23 1980 Esworff Registrar	20 UNDERTAKER) (father) ADDRESS May hood Collins Shodesdale		
		r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

CORD

PERMANENT BINDING

V. S. No. 1

### REVISED UNITED STATES STANDARD ERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housenuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The (b) material Grocery;

spinal meningitis"); Diphtheria avoid use of "Croup fever (the only definite synonym is "Fpidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-Typhoid fever (never report "Typhoid Pneumonia"); EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

> "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease approved by as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid American Medical Association.) can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of ctanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-Whooping cough; Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Chronic valendar heart disease, etc. The Nomenclature Always qualify all contributory

answered in detail, it will prevent further correspondence. All t data is essential and must be obtained before the certificate permanently filed If this certificate is looked over thoroughly and all questions newered in detail, it will prevent further correspondence. All the

V. S. No. 1

	PLACE OF DEATH  County Dor Chester	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. // 0		
- Care	Village or City Hun Tock (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
200	Jemale, White Single.  MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the word)	16 DATE OF DEATH Dec 18", 1930		
	6 DATE OF BIRTH JANGE 29", 1860 (Month) (Day), (Year)	17 1 HEREBY CERTIFY, That 1 attended the deceased from 12 18 1923d. to 17 8 , 1923d, that I last saw here alive on 12 1923d,		
1011 0011	7 AGE  7 O yrs. 8 mos. 9 ds. 1 lday hrs. or min.?			
000	(a) Trade, profession or particular kind of work	Morrie Pright Deserve		
riant	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) 2 yrs mos de.		
oduu	9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration)		
s very	10 NAME OF JOSIAL CONTROL,	(Signed) Roger Myors M. D.		
2	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
	of MOTHER Wary Cor Kray	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)		
atemperature of co.	OF MOTHER (State or Country)	At place of deathyrsds. In the Stateyrsds.  Where was disease contracted,		
	(Informant) Was Dessie & Cor Krau	if not at place of death?		
	(Address) Hurrock Mid	Jederal Tura Md Bec 21", 1930		
0	Filed Dec 19 1930 Robert I Hasting 2	20 UNDERTAKERS OF SEN DECENSORIES		
	If more bianks are needed, addrass State Registran	W. Saratoga St., Malto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) the first line will be sufficient, e.g., Farmer or Planter, Physiciam, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) telanus) may be stated under the head of "contributory." stated unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ass important. Example: Measles (disease

V. S. No. 1

to		Stact
6		
9	The Street Street	LY, ifled
	ORD	CACTLY, I

properly class of certificate.

PLACE OF DEATH

County Derchester.

12373

STATE OF MARYLAND CERTIFICATE OF DEATH

(90)

Registration Dist. No. // 0

Md.

Vil			y Isabelle Cerkr	St.: Ward) a hospital or institution, give its NAME is stead of street an number.)		
PERSONAL AND STATISTICAL PARTICULARS			ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH	
	emals.	4 COLOR OR RACE	B SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	Oct, (Month) 2	I930 , 192	
6 1	DATE OF BIR		22nd., 1944 ) (Day) (Year)	that I isst saw har silve on O. J.	7, 20, 19280 20, 19280	
7 /	AGE	86 yrs. 2	mos. 28 ds. lf LESS than l day hrs. or min.?	The CAUSE OF DEATH * was as follows:		
ALCE V	b) General nousiness, or e	d of workature of industry stablishment in ed or (employer)		Contributory Secondary		
	10 NAME OF FATHER	Daniel !		192. (Address) Zfeet	loca mil	
RENTS		r country)		*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from njury and (2) Whether	
PAR	12 MAIDEN OF MOTH	LACE LOVOY	, (Unknewn)	18 LENGTH OF RESIDENCE (For Hospi ients or Recent Residents)  At place In the		
14	(State of	Country) IS TRUE TO THE BES	T OF MY KNOWLEDGE	of deathyrsmosds. Sta Where was disease contracted, if not at place of death? Former or usual residence		
15	(Add	7 16	Letastings	20 UNDERTAKER	ADDRESS	
	1 sicu ge	Carried Many Variables &	Registrar	I T T Framptom & Son.	Federalsburg	

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer ar Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

talanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, ackident; Revolver wound of head-homicide; Poisoned by stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Colton mill; (a) Salcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia carebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia");

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menletanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic etc. valvular heart disease; The contributory Always qualify all

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Statement of OCCU. FION is very important. See instructions on back of certificate. CORD PERMANENT BINDING MARGIN RESERVED FOR WITH UNFADING INK--THIS I

V. S. No. 1,

Fxact

	County Dorchester Co	(14213 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. //_		
	Village or City Cambridge (No. 8 /h	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MANUEL OR DIVORCED (Write the word)	18 DATE OF DEATH  (Month) (Day) (Year)		
	6 DATE OF BIRTH  afrul 1st, 18,80	I HEREBY CERTIFY, That I attended the deceased from		
	7 AGE (Month) (Day) (Year)  7 AGE   If LESS than   ds. ormin.?	and that death occurred on the date stated above, at 5 m. The CAUSE OF DEATH * was as follows:		
*	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Mithal Reguestation		
	business, or establishment in which employed or (employer)	(Duration) Tyre 9 mos # ds.		
	9 BIRTHPLACE (State or country) Worchester Co., M	Contributory Jecondary  Jecondary  (Durstion) / yrs. # mos. # ds.		
	10 NAME OF FATHER Soul Anna	(Signed) To Standard M. D.		
	OF FATHER  (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
	12 MAIDEN NAME  OF MOTHER  1	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)		
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds, In the Stateyrsmosds,		
	(Informant) Ollie Corrush	Where was disease contracted, if not at place of dea.h?  Former or usual residence		
	(Address) No. 8. Moores ava	Bethel Cerrelay afriel 5, 1936.		
	Filed apr 18 1980 Selver Registrar	20 UNDERTAKER Class 368 Muis At.		
- 11	If more hanks are needed, addre a ! tate Registrar	. 16 W. Saratora St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specimeaning, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write Nonc. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease stated unless important. Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The contributory valvular heart disease; Nomenclature of the

V. S. No. 1

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Exact HYSI-

PLACE OF DEATH County Dorchester	02878 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Carlle ) 4 warm (No	St.: Ward)  St.: Ward  St.: Ward  St.: Ward  St.: Ward
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Colored Single, MARRIED, MIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH MAN (Day) (Year)
6 DATE OF BIRTH  March 13, 1470  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I ottended the deceased from 192 9. to Man 1, 182 0 that I last saw have alive on Man 5, 182 0
7 AGE    State	s. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Farmer  (b) General nature of industry	Metal Regurge Fation
business, or establishment in which employed or (employer)	Contributory Secondary  (Durstion)  yrs
10 NAME OF FATHER GONNLY CONNIST OF FATHER (State or country)	(Signed). M. D.  (Signed). M. D.  After the Pissase Causing Death, or, In deaths from
(State or country)  12 MAIDEN NAME OF MOTHER  Mary Councils	*State the Pissase Causing Death, or, In draths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Oursleiter Curenty	At place of death
(Informant) Estima June Cornich  (Address) Cartle Haven	if not at place of dea.h?  Former or usual residence
Filed 192 Registrat	20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER  Cambo Md
If more blanks are needed, addre.a Ltate Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, report specifically the occupations of persons enfirst line will be sufficient, e.g., Farmer or Planter, sician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of For many occupations a single word or term on or At Home, and children, not gainfully emyrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. If the occupation has been changed But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all (secondary or Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; intercurrent) Chronic etc. affection need valvular heart Nomenclature of the The contributory not be disease;

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, iy classified (129 Registration Dist. No. (If death occurred in St.: Ward) a hospital or institu-tion, give its NAME incertificate. stead of street and properly PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH ERMANENT 5 SINGLE. 4 COLOR OR RACE 16 DATE MARRIED. WIDOWED. OR DIVORCED pino may (Write the word) 6 DATE OF BIRTH attended the deceased from instruction (Month) (Day) (Year) 80 7 AGE [If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH \* was as follows: or min.? ERVI (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) .. (Duration) Og 10 NAME OF 31 0 19280 (Address) BIRTHPLACE \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. COZ OF FATHER (State or country) RE 12 MAIDEN NAME PA OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transinform State ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death \_\_\_\_yrs.\_\_\_\_mos.\_\_\_ds, (State or Country) O Where was disease contracted, if not at place of death? Former or usual residence Every it CIANS stateme (Address) If more blanks are needed, address State Registral, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

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PARENTS

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(Address)

Filed Qd. 24 1930

Ehould be stated EXACTLY, It may be properly classifled on back of certificate. chould should be carefully supplieur. ON is very important.

PERMANEN BINDING FOR MARGIN RESERVED

UNFADING INK--THIS informa Every item of inform CIANS should state statement of OCCUR m

PLACE OF DEATH
County Arrelies tis
wondenath timire or
Mage or City Countri de (No.
2FULL NAME Infant Cosmic
PERSONAL AND STATISTICAL PARTICULARS
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
DATE OF BIRTH
Oct. 24, 1930
(Month) (Day) (Year)
Sliff Dros. ds. or min.
poccupation a) Trade, profession or conticular kind of work b) General nature of industry pusiness, or establishment in which employed or (employer)
BIRTHPLACE (State or country)  Md
10 NAME OF Emest Connich
11 BIRTHPLACE OF FATHER (State or country)  Md,
OF MOTHER Deatries Sampon
13 BIRTHPLACE OF MOTHER (State or Country)
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Porth- Ceslific to

12374

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 1/6

Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

MEDIC	AL CERTIFI	CATE OF DE	ATH
16 DATE OF DEATH	Qu	R. 24	, 193
***************************************	(Mon	th)(Day	(Year)
not at all			he deceased from
that I last saw h	alive on		192
and that death occu	rred on the day	e stated above.	122 A. m.
The CAUSE OF DEA			
0.0			
Sh	ll-bon	( dead a	- wters
Ja dome &	رورسا	·	
	(Duratio	oa)yrs,	ds.
Decement,			
(Signed)	(Address)	on) Wals	1. L. R. M. D.
*State the I Violent Causes, s Accidental, Suicidal			
18 LENGTH OF RI		Hospitals, In	stitutions, Trans
At place of deathyrs	mosds.	In the Stateyr	sds
Where was disease con if not at place of des	tracted,		- v
Former or			

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

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PLACE OF DEATH	STATE OF MARYLAND
County Dorchester	CERTIFICATE OF DEATH Registration Dist. No. 1/3
Village or City Taylor's I. (No. 2FULL NAME Infant Armstron	St.: Ward)  Comish (If death occurred is a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeusle Black Single, MARRIED, Surgle OR DIVORCED (Write the word)	16 DATE OF DEATH October 15 , 192 30 (Month) (Day) (Year)
6 DATE OF BIRTH  Sept 16, 193  (Month) (Dsy) (Year)	17 I HEREBY CERTIFY, That I attended the dsceased from 192 to 192 that I last saw h alive en 192 192 192 192 192 192 192 192 192 192
7 AGE  O yrs. U mos. 29 ds. or min	The CAUSE OF DEATH * was as follows;
(a) Trade, profession or particular kind of work	Malsulilion
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) Dys. F mos 219 de
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration)  ye, mos. de
10 NAME OF Phillip Traver	(Signed) R Mald Coral Mal
OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER NOT MATERIAL TEST	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
(Informant) W. It Course	Former or usual residence
(Address) Taylors Isld 116	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF 1931
Filed ( d. 15 1931 ) ames Se Registrar	20 UNBERTAKER  WH COMMISS Taylors Deld  Taylors Deld
If more bianks are needed, address State Regis	trar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

12899

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease (secondary American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

Village or City	chester Cambridge	(No. Eas	tern Shor	e State Hosp	Registra	tion Dist. No
	NAME Mary F	rances Kir	by Corsey			tion,
PERSONA	AL AND STATISTI	CAL PARTIC	ULARS	MEI	DICAL CERTIFICA	TE OF DE
3 SEX Female	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED. OR DIVORCE (Write the word	n Married	1	TH April	
6 DATE OF BIRT		Unku (Day)	(Year)	March 30	EBY CERTIFY, That 19230, to Apr	pril 9,
	72 yrsr	nosd	If LESS than 1 dayhrs. ormin.?	The CAUSE OF D	ccurred on the date of EATH * was as following interstiti	ws:
(a) Trade, proparticular kind particular kind	ot work	None	#4440000 or 0000000 or 0000 or 0000	**************************************		92 964 964 90 90 90 90 90 90 90 90 90 90 90 90 90
(a) Trade, pro particular kind (b) General nat business, or est	of work ture of industry ablishment in d or (employer)	None		Unknown  Contributory Secondary Unknown	(Duration) Arterio-s( (Duration)	clerosis
(a) Trade, prof particular kind (b) General nat business, or est which employed	of work			Contributory Secondary Unknown (Signed)	Arterio-se	elerosis La and
(a) Trade, profiparticular kind (b) General nathusiness, or est which employed  BIRTHPLACE (State or cour  10 NAME OF FATHER  11 BIRTHPLA OF FATHE (State or	of work ture of industry ablishment in d or (employer)  Mary land  George W.  CE R country)Mary land			Contributory Secondary Unknown (Signed)	Arterio-s (Duration (Duration) (Duration) (Duration) (Duration)	clerosis Canadaridge,
(State or COURT OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OTHER OT	of work ture of industry ablishment in d or (employer)  Mary land  George W.  CE ER country)Mary land  NAME ER Priscilla	Harper		Contributory Secondary Unknown (Signed)	(Duration (19230 (Address Causing state (1) Means idul or Homicidal (For the Residents)	premoting of Injury at Hospitals, In
(a) Trade, proparticular kind (b) General nat business, or est which employee  9 BIRTHPLACE (State or cour  10 NAME OF FATHER  11 BIRTHPLA OF FATHE (State or  12 MAIDEN OF MOTHI OF MOTHI (State or	of work ture of industry ablishment in d or (employer)  Mary land  George W.  CE R country)Mary land  NAME ER Priscilla  ACE ER Country)Mary land	Harper Edgar		Contributory Secondary Unknown (Signed)	Arterio-se  (Duration  (Possible State (1) Means idial or Homicidal.  RESIDENCE (For translation to the Residents)  March 30, 193	abridgey. Death, or, if of Injury a liospitals, In State
a) Trade, proparticular kind (b) General nat business, or est which employee  9 BIRTHPLACE (State or cour  10 NAME OF FATHER  11 BIRTHPLA OF FATHE (State or 12 MAIDEN OF MOTHI (State or 13 BIRTHPLA OF MOTHI (State or 14 THE ABOVE IS (Informant)	of work ture of industry ablishment in d or (employer)  Mary land  George W.  CE R country)Mary land  NAME Priscilla  ACE FR	Harper Edgar OF MY KNOW	. මාදු කිරෙසක සහ වනුවනකුර කිරීම් කිරීමේ මේ විවිත වනුව ගණර	Contributory Secondary Unknown  (Signed)	Ouration (Duration (Postase Causing State (1) Means idial or Homicidal (RESIDENCE (For the Residents) (March 30, 193	Death, or, i of Injury a Hospitals, In State

### 64214 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (if death occurred in a hospital or institu-tion, give its NAME is stead of street and State Hospital St. Ward)

number.)

MEDICAL CERTIFICATE C	OF DEATH
16 DATE OF DEATH April 9, (Month)	
17 I HEREBY CERTIFY, That I att March 30 19230. to Apri	ended the deceased from
that I last saw h er alive on April	8, 19230,
and that death occurred on the date stated The CAUSE OF DEATH * was as follows: Chronic interstitial	
**************************************	hy 1000000000000000000000000000000000000
Unknown (Duration)	yrsmosds.
Contributory Arterio-scler	osis
Unknown (Duration)	ysmosds.
(Signed) lot and 1 lo	0. M. D.
April 9, 19230 (Address Cambri	dge, Maryland
*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	
ients or Recent Residents) At place Since March 30, 1930 the of deathyrsmosds.	e iteyrsmosds
Where was disesse contracted, porchest	ter County
Former or usual residence Milton, Dorcheste	er County, Md.
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greden Keers Md	apy 10, 100
20 UNDERTAKER	ADDRESS

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocnature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia errebros; inal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (naver report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "IIaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st.ted unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n\_ture of the injury, accident; Revolver wound of head-homicide; Poisoned by approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease; Nomenclature not be

N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, MAYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCU TION is very important. See instructions on back of certificate. PERMANENT BINDING MARGIN RESERVED FOR WITH UNFADING INK--THIS ZI V. S. No. 1

	PLACE OF DEATH	02879 STATE OF MARYLAND
	County Achesler	CERTIFICATE OF DEATH
	WITHIN CONPOCATION	Registration Dist. No.
	Village or City William City	St.: Ward) a hospital or institu-
incar.	2FULL NAME Serie V.	tion, give its NAME in- stead of street and number.)
100	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED	16 DATE OF DEATH March 4, 1930
2	6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
5	MAIRIN 14 1929	192 . tq., 192, 192
	(Month) (Day) (Year)	that I last saw h M alivery , 192 , 192
5	7 AGE [If LESS than	and that death occurred on the date stated above ftm.
100	yrs. 3 mos. 8 ds. ormin.?	The CAUSE OF DEATH * was as follows:
	8 OCCUPATION (a) Trade, profession or particular kind of work	Burn hick meumin
:	(b) General nature of industry	
10	business, or establishment in which employed or (employer)	(Duration) yre mos de.
0	9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yrs mos ds,
401	TO NAME OF PATHER a la La Colombiana -	(Signed) E. E. Wolff M. p.
2	II BIRTHPLACE	May S 1990 (Address) & such Agely Mg.
	OF FATHER  (State or country)  12 MAIDEN NAME  (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER & Ssie follows	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
1	13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos ds. State yrs ds.
	(State or Country) // Wylond	Where was disease contracted.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) fles I Bay reum	usual residence
	(Address) auhilfe, ml	Bethalemetery Mar 5th, 1930
	File May 5th 1930 Ekwoff Registrar	Pirs H. Boynelin (aulidge ) and
	If more banks are needed, address State Registrar	, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer,

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> tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilaemorrhage, "Inamition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) approved by Committee on Nomenclature of the "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory valvular heart disease; not be

S. No.

PLACE OF DEATH	
County Directistic	
Village or City Herslos 12 (No.	
2 FULL NAME, Rot hamed	
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16
6 DATE OF BIRTH  Ocl 27 , 193 ( (Month) (Day) (Year)	2 th
7 AGE Sully 3. Dulinos. de. lf LESS that I day hr	s. Ti
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	
(State or country) Ind	_
FATHER COAL COLLIVORY  II BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  TO THE COAL COALLOW  11 BIRTHPLACE OF FATHER (State or country)	- \
of MOTHER Ethel Hurbeln	18
13 BIRTHPLACE OF MOTHER (State or Country)	A of
(Informant) bar wouldy	if Fo
(Address) Auslocky	19
Filed Oct 28 1930 The Hashing Registrar	- 6

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. //D

St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH DATE OF (Month) .....(Day) HEREBY CERTIFY, That I attended the deceased from d that death occurred on the date stated above, at ...... e CAUSE OF DEATH \* was as follows: (Durstion) ..... Contributory Secondary \*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and deaths Grom (2) Whether Accidental, Suicidal or Homicidal. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the place here was disease contracted, not at place of death? ual residence

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

mot

DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (re-Co or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screat, Cook to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile fuctory. The material For persons who have no occupation

Statement of Cause of Death—Name, first the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

> "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease (secondary Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease approved by Committee on (clanus) may be stated under the head of "contributory." carbolic ocid-probably suicide. The n ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," peritonacum, etc., Corcinoma, Sorcoma, Never report mere symptoms or terminal condi-" "Marasmus," "Old Age, " "Shock," or intercurrent) affection need not be valvular heart diseose; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

-Every item of information should be carefully supplied. ACE should be stated EXACTLY, N CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. statement of OCCU TION is very important. See instructions on back of certificate. CORD PERMANENT BINDING MARGIN RESERVED FOR WITH UNFADING INK--THIS

V. S. No. 1

N. B.-

18 0 9

PLACE OF DEATH	07188 STATE OF	MARYLAND
County Narchester	CERTIFICATE	OF DEATH
	Registration	Dist. No. // 0
Village or City Secretary (No	St.: Ward	(If death occurred in a hospital or institu-
2FULL NAME Co.	ulbourn	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)	20 , 1930 (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, Thet I att	
(Month) (Day) (Year)	that I last saw halive on	
7 AGE    If LESS than   I day hrs.   ds.   or min.	3.	
8 OCCUPATION (a) Trade, profession or particular kind of work	Warten	/2 mo.
business, or establishment in which employed or (employer)	(Duration)	yrsds.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Durstion)	As mos ds.
10 NAME OF FATHER SOUL COULDON'S	(Signed) (Address) Au	daes & mil.
OF FATHER (State or country)	*State the Discase Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from jury and (2) Whether
OF MOTHER CUITIL DISCHOLS	18 LENGTH OF RESIDENCE (For Hospi	
13 BIRTHPLACE OF MOTHER (State or Country)		eyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?	*******************************
(Farent	Former or usual residence	***************************************
(informant)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address)		, 19
Filed mul 20 1930. Robert & Hastings Registrar	20 UNDERTAKER	ADDRESS
If more hanks are needed addre a State Registrer	16 W. Saratora St., Balto., Requesting V.	S. No. 1.

07188

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken er," etc., Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, not gainfully emwithout more precise specification as Day Stationary fireman, etc. But in many

spinal meningitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS pneumonia, Bronchopneumonia ("Pneumonia,

answered in det

Tinges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of n unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and a'l quations answered in detail, hit will prevent further correspondence. All the data is easenful and must be obtained before the certificate is permanently filed. telanus) may be stated under the head of "contributory." causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association: as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Ursemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom (Recommendation on number ent of cause of death State cause for which surgical operation was under-10 ds. Never report mere symptoms or terminal condi Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature of the

RESERVED

PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH (Day) (Year) 7 AGE If LESS than I day hrs. min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF (Signed) 11 BIRTHPLACE RENTS OF FATHER (State or country) 12 MAIDEN NAME PA OF MOTHER 13 BIRTHPLACE At place of death ... OF MOTHER (State or Country)

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / / D (if death occurred in a hospital or institu-tion, give its NAME in-stead of street and .....Ward) number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) HEREBY CERTIFY, That I attended the deceased from The CAUSE OF DEATH \* was as follows: (Duration) (Durstion) (Address) \*State the Disease Causing Desth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidai or Homicidal, 18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Transients or Recent Residents) In the Where was disease contracted. if not at place of death?.....

DATE OF BURIAL

ederalbu

Jec. ADDRESS

egistrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Aalto., Requesting V. S. No. 1.

Contributory

Secondary

usual residence

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enetc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia (6) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease, Example: Measles (disease etc. The contributory

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. statement of OCCU. CORD PERMANENT BINDING MARGIN RESERVED FOR WITH UNFADING INK--THIS 19-1

V. S. No. 1

SI=

/ PLACE OF DEATH	STATE OF MARYLAND
County Forther	CERTIFICATE OF DEATH
TRIR PORPORATE	Registration Dist, No. // 6
Village or City Chan holy (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
2FULL NAME // // // // // // // // // // // // //	1 Oct number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DATE OF BIRTH  (Xionth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  13 1927 to 27 , 1930,  that I last saw has alive on David 27 , 1930,
7 AGE  3 9 yrs. 6 mos. 26 ds. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	Tuberculous of the George
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 3 yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration)  yrs
10 NAME OF FATHER Am Holing	(Signed) J. H. Jaever M. D.
II BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MANY C. Whodeworld	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) Mrs Edward J. W.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)  15 Filed Jan 31 1936 Eslevill  Registra	20 UNDERTAKER Lawar Cambida
If more banks are needed, addre.s htate wegistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

ployed, as At school, or At home. Care should be taken fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Dinhlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia")

> (secondary or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," (E:haustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomaccident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia, ""Weakness," etc., when a definite disease approved by (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Committee on valvular heart disease; etc. The contributory Nomenclature Always qualify all

be stated be properl MARGIN RESERVED CIANS should state

S. No.

County	Dorchester	**		14918	STATE CERTIFI
v.	y Cambridge	AN For	tam Sham	State Hos	Regis
	JLL NAME Rebeco		oem Dhor	e State Nos	groatst.
	NAL AND STATIST		ARS	MET	DICAL CERTIF
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED. OR DIVORCED		16 DATE OF DEA	тн
Female		(Write the word)		17 I HER	(Mo EBY CERTIFY, 7
	(Month	ctober 12. (Day)	(Year)	that I last saw h	
7 AGE	81 yrs. 2			and that death or The CAUSE OF D	
(b) General business, or which emplo	nd of work		<u> </u>	About 15 y	II S. A. (Dure
(State or o	Maryland of	raft		(Signed)	Parles
OF FAT  (State  12 MAIDE	LACE			*State the Violent Causes,	Disease Causin
12 MAIDE V OF MOT		risher		18 LENGTH OF	
13 BIRTHI OF MOT (State of				At place 51 n ce of death yrs	May 18, 19
4 THE ABOVE	IS TRUE TO THE BEST			if not at place of	
	t) E.S.S.Hospi			19 PLECE OF BU	ensferred
	dress) Cambridge,	Naryland Skury		19 PLECE OF BU	ransferred RIAL OR REMOV

OF MARYLAND CATE OF DEATH

Ward)

ration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

CATE OF DEATH er 18. 1930 th) (Day) (Year).... at I attended the deceased from December 18, 1930 cember 18. 1920 e stated above, at 6:20 A.m. terio-sclerosis Death, or, in deaths from of Injury and (2) Whether Hospitals, Institutions, Trans-5 In the State yrs mos de. orchester County rom Spring Grove Hosp ing V. S. No. 1.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The ques-Spinner, sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Housemaid, etc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation If the occupation has been changed not gainfully em-6 from

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebro pinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Typhoid fcver (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept pneumonia, Bronchopneumonia ("Pneumonia,

> napproved by Committee on Nomenclature American Medical Association.) (Recommendations on statement of cause of "Iraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train (secondary or intercurrent) affection need not Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease, Example: Measles (disease etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

permanently filed.

5	- 1	
	W TE INI WITH UNFADING INK-THIS IS A PERMANENT CORD	I. BEvery Item of Information should be carefully supplied. ACE should be stated EXACTLY, CIANS should state CAUSE CF DEATH in plain terms so that it may be proporty classified: statement of OCCU TION is very important. See instructions on back of certificate.
1	1	m
- 6		_

Village or City Cambridge, Md. (No. Eastern Shore	Registration Dist; No. //6  State Hospit 1 St.: Ward)  (If d-ath occurred in a hospitul or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word) Single	16 DATE OF DEATH , 192 , 1930 (Year)
Unknown (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from August 26, 192 8. to January 21, 19230, that I last saw h im alive on January 20, 1920,
About 51 yrs.  About 51 yrs.  yrs.  mos.  B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows: Chronic Parenchymatous Mephritis  Unknown (Duration)
which employed or (employer)  9 BIRTHPLACE (State or country)  New York  10 NAME OF	Contributory Chronic Myo-carditis Secondary Unknown (Duration) yrs mos ds.  (Signed) Ole Cas J. C. M. D.
FATHER Alexander Craig  11 BIRTHPLACE OF FATHER (State or country) Scotland	*State the l'iscase Causing Death, Sor, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Jennie ?	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Scotland	ients or Recent Residents)  At place Since August 26, 1928he of death
(Informant) E.S. S. Hospital Record  (Address) Cambridge, Maryland	Where was disease contracted. Kent County if not at plage of deah?  Former or usual residence Massey, Md.  19 PLACE OF BURIAL OR REMOVAL  Musey. Mu. Date of Burial  Musey. Mu. 24, 19 30
Filed Jan. 21 1920 E. E. Zureff.  Begistras  If more hanks are needed, addre, a tate Negistras	JO UNDERTAKER Hobin & Sen. Millington Me 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quossary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g. . Farmer or Planter, tion applies to e.ch and every person, irrespective ch cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer coat mune, even en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken er," etc., report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); sinal meningitis"); Diphtheria (avoid use of "Croup"); Cobar pneumonia, Bronchopaeumonia ("Pneumonia");

(secondary or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Whooping as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory valvular heart disease; Always qualify all

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 115 classi - Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED. marrie OR DIVORCED (Write the word) may (Month) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH that (Month) (Day) (Year) 7 AGE IIILESS than and that death occurred on the date stated above, at ..... I day hrs. ....min.? OCCUPATION (a) Trade, profession or particular kind of work Ш (b) General nature of industry business, or establishment in (Duration) which employed or (employer)...... Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed). 0 ......1928 Q (Address) 11 BIRTHPLACE PARENTS OF FATHER \*State the Disease Causing Death, Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. uo (State or country) AU 12 MAIDEN NAME Informati 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE stat At place In the OF MOTHER of death ... (State or Country) Where was disease contracted, O if not at place of dea.h?.... Former or usual residence Every it CIANS stateme BURIAL OR REMOVAL

If more blanks are needed, addre s atate Kegistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in

a hospital or institu-tion, give its NAME is stead of street and

number.)

(Day)

DATE OF BURIA

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, whatever, write Nouc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrunt, Cook, to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Civil engineer, Stationary fireman, etc. But in many Paysician, tion applies to each and every person, irrespective of For many occupations a single word or term on Farm laborer. Laborer-('oal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Salcsman, 6 Grocery;

EAST (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL perilonitis," ctc. "Inanition," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Hacmorrhage, "Inanition," "Marasmus," "Old Age," "Shock, carbolic acid-probably suicide. The n ture of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY (secondary or intercurrent) affection need not be Whooping cough; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi Chronic valvular heart discase, statement of cause of etc. The contributory

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, whatever, write Nonc. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the For many occupations a single word or term on Oľ. yrs). Farm laborer, At Home, and children, not gainfully emwithout more precise specification as Day Compositor, Architect, Locomolive engineer, For persons who have no occupation Laborer--Coul minc, etc. person, irrespective of 6 Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted tern for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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ered in detail, it will prevent further correspondence. All the is essential and must be obtained before the certificate is

permanently filed

Recommendations on statement of cause of "telanus) may be stated under the head of "contributory." American Medical Association.) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Inanition," "Marasmus, Quarker, "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), approved by as fracture of skull, and consequences (e.g., sepsis, varbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Whooping If this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY cough; " "Marasmus," "Old Age," "Shock," Committee on Nomenclature of the Chronic etc. The contributory valvular heart death

S. No. 1

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PLACE	OF	DEATH	
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ounty V	a	chister	,

### STATE OF MARYLAND CERTIFICATE OF DEATH

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			-		1	14		

Village or City Comusvelle (No.	Registration Dist. No. 17
Village or City (Musical (No. 2FULL NAME Thomas Source	St: Ward) (If death occurred is n hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, Married, Wildowed, OR DIVORCED (Write the word)	16 DATE OF DEATH 8 9 , 199 0
6 DATE OF BIRTH  (Month) (Day) (Year)	17 HEREBY CERTIFY, That I attended the deceased from  1928 192 to fm , 1950  that I last saw has alive on from 8 , 1968
7 AGE  // Wrs. 8 mos. 6 ds. or min.	s. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Duration) 2 yrs. mos. ds.
9 BIRTHPLACE (State or country) New 4 M	Contributory Secondary (Durstion)
FATHER IN GOODLE  11 BIRTHPLACE OF FATHER (State or country)  W	(Signed) M. D.  *State the l'israse Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)  At place of death
(Informant) (Address)	il not at place of dea.h?  Former or usual residence
Filed 192 Registrat	20 UNDERTAKER ADDRESS

If more banks are needed, address State Registrar, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when beeded. As examples: (a) Spinner, (b) Cotton nill: (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman." "Manager," "Dealer," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screan, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housecases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on .For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> If as fracture of skull, and consequences (e.g., sepsis, letdinus) may be stated under the head of "contributory." approved American Medical Association.) earbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (discase use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of aecident; Revolver wound of head-homicide; Poisoned by "Inanition," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopncumonia (secondary), or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite discase "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid by Committee on Nomenclature of the or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Measles ;

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		***************************************	Trainett,
S	MEDICA	L CERTIFICATE O	F DEATH
nd	16 DATE OF DEATH	Oct 5	, 1930
891	Oct, 3		(Day) (Year) (Year) (Note of the deceased from 192
(Year) ESS than yhrs. min.?		ed on the date stated	
	Contributory Secondary	(Duration)	yrs, mos ds.
js_	Accidental, Suicidal o		
	18 LENGTH OF RES ienta or Recent Res At place of death	idents) In the os. State acted,	als, Institutions, Trans
strar Registrar	19 PLACE OF BURIAL 20 UP DERTAKER 7, 16 W. Saratoga St., E	Me Ind alburgh Balto, Requesting V. S	DATE OF BURIAL  Out 7, 1930  ADDRESS  Confust Med.  No. 1.

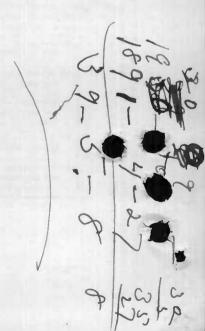
PLACE OF DEATH Village or City <sup>2</sup>FULL NAME PERSONAL AND STATISTICAL PARTICULAR SSINGLE. 3 SEX 4 COLOR OR RACE WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Moath) (Day) IILE 7 AGE 1 da or. 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) THE BEST OF MY KNOWLEDGE 14 THE ABOVE IS TO (Informant) (Address)

If more branks are needed, address State

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Serrant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The or At Home, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. For persons who have no occupation and children, not gainfully emperson, irrespective of Locomotive (b) material Grocery, engineer,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"



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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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(Approved by U. S. Census and American Public Health Association.)

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N. B.--Every item of information should be carefully supplied. ACE should be stead EXACTLY, P. CIANS should state SAUSE OF DEATH in plain terms so that it may be properly classified. LORD PERMANENT BINDING MARGIN RESERVED FOR WITH UNFADING INK--THIS IS

V. S. No. 1

Village or City Cambridge Med (No.  2FULL NAME Ana Jama	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 117  St.: Ward)  C. Dail  State of Maryland  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h
(Month) (Day) (Year)  7 AGE    If LESS than   day hrs.   ds. or min.?	and that death occurred on the date stated above, at
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration) 2 yrs. Armos ds.  Contributory Secondary
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)	(Signed) (Ouration) yrs
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER OF MOTHER	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos. ds. In the State yrs ds.  Where was disease contracted,
(Informant)  (Address)  (Address)	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAY  DATE OF BURIAL  August 2 b, 195 2
Filed Cl. 1920 . It. Stokes III.	20 UN DERTAKER  ADDRESS  Cambride Med  18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, to know For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation-(a) the kind of work and also (b) the (b) Automobile factory. The material -Coal mine, etc. person, irrespective of (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same a cepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

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(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) whatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housesary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planler, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia applies to each and every person, irrespective of For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. without more precise specification as Day For persons who have no occupation Stationary fireman, etc. Locomolive engineer, But in

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemia cerebros, inal menin\_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,"

> approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st.ted unless important. Example: Measles (disease Whooping use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Committee on Chronic etc. valvular heart disease; Nomenclature of the The contributory

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on back

PLACE OF DEATH	STATE OF MARYLAND	
/ County Dorchester	09165 CERTIFICATE OF DEATH Registration Dist. No. 112.	
Village or City Elliott's, (No	St.: Ward)  St.: Ward)  (If death occurred im a hospital or Institution, give ite NAME instead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male White Single, Married.  Male White Single, Married.  Married.  Married.  OR DIVORCED (Write the word)	August 20th., 1930., 192	
August 20th., 1874.	August 13th. 120 to August 13th. 19230, that I last saw h 1m alive on August 13th., 19230,	
7 AGE   If LESS that   1 day hrs   1 day hrs   0 mos.   0 ds.   or min.	The CAUSE OF DEATH * was as follows:	
(a) Trade, profession or particular kind of work Oysterman. (Tonger.) (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos 7 ds.	
9 BIRTHPLACE (State or country) Maryland .	Secondary (Duration) 12 yrs fin racs de	
10 NAME OF FATHER SIEVE Dayton.  11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) — M. D.  Aug. 20" 130 • (Address) — Vienna — Md.  *State the I issue Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
of Mother Jane Ewell.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)	
of Mother (State or Country) Maryland.	At place of death	
(Informant) Hrville Dayton. (Son.)	where we also a dea h?	

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Willoughby & Son.

E.N.Market, Md.

"(Approved by U.S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or, industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tle first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write Nonc. Housemaid, etc. If the occupation has been changed laborer, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyrs). (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feter (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid feter (never report "Typhoid Pneumonia"); Lobar purumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, "PUERPERAL septicaemia," "PUERPERAL perilonitis, "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (c. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as Chronic etc. The contributory affection need not be valvular heart discase, Nomenclature of the

X	a co		PLACE OF DEATH	07954 STATE OF M	IARYLAND
	Y X	C	ounty on chush=	CERTIFICATE	OF DEATH
ONO VIII OF City Caroling R40 (No.		and the same of th	96) Registration	Dist. No.	
		2 FULL NAME Eunice M. Dran	St.;Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)	
	stated Expression of cortification		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
V DAR Female Whate MARRIED MARRIED WIDOWED OR DIVORCED		MARRIÉD, WIDOWED	16 DATE OF DEATH (Month)  17 I HEREBY CERTIFY, That I att	(Day) (Year)	
SINDING	- + o	6 D	ATE OF BIRTH  W (Month) (Day) (Year)	that I last aaw h alive on	1927). 1927).
FOR E	Supplied ACE terms so that tee instruction	7 AC	If LESS than I dayhrs.	The CAUSE OF DEATH of was as follows:	
SERVED	(a) I rade, profession or particular kind of work.  (b) General nature of industry  business, or establishment in		a) Trade, profession or afficient articular kind of work	(Duration)yrsmos	
S BIRTHPLACE (State or country)  NOTE (State or country)  OFFATHER  OFFATHER (State or country)  II BIRTHPLACE OF FATHER (State or country)		(State or country)	Contributory Secondary  (Signed) Contributory (Duration)	yrs	
		RENTS	OF FATHER	*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	
- INI	f Information of State	PA	OF MOTHER Jann Spellen  13 BIRTHPLACE OF MOTHER (State or country)		
LEGE 14 THE ABOVE IS TRUE TO THE BEST OF MY TNOWLEDGE		and Mallon &	Where was disease contracted, if not at place of death?  Former or usual residence		
No. 1.	CIANS	15	(Address) Anshridge Did	19 PLACE OF BURIAL OR REMOVAL  Your Form Cemely  20 UNDERTAKER	ADDRESS
of J	. Z	F	Registrar  If more blanks are needed, address State Registrar.	48. Erlaufle	8. No. 1.
			The state of the s	and the second of the second second second second and	

(Approved by U. S. ('ensus and American Public Health Association.)

cupation is very important, so that the relative healthsary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer, or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fremen, etc. But in many household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Inborer," "Toreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrucht, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Houseville, House-(a) Foreman, (b) Automobile factory. The material whatever, write Nonc. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on Si. without more precise specification as Day At Home, and children, not gainfully em-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal maningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,");

> ary), 10 ds. Never report mere symptoms or terminal inges, peritonacum, etc., Carcinoma, Sarcoma, etc., unqualified, is indefinite); Tuberculosis of lungs, mensymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anacmia" stated unless important. Example: Measles (disease .....(name origin; "Cancer" is less definite; id diseases resulting from childbirth or misearriage as can be ascertained as the rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustica." "Heart causing douth), 29 ds.;\ Bronchopneumonia Chronic interstitial nephritis, etc. The contributory Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which suggical operation was under-"Puerperal septicaemia" Puerperal peritonitis," etc. "Uraemia," "Weaknes " :tc. when a definite disease vulsions," "Debility" ("Congenital," "Senile," etc.) (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discuse; head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on Poisoned by carbol'e ucid-probably suicide. For victent plaths state means of injury (R commendations on statecause. Always qualify all failure." "Haemor-"Coma," "Con-The na-(second-(merely

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PLACE OF DEATH	07958 STATE OF MARYLAND
CountyDocalet	CERTIFICATE OF DEATH
WITHIN COMPORATE LIMITS OF .	Registration Dist. No.
Village or City Carely a (No. /Le	hesis St. Ward) (If death occurred in a hospital or institu-
For E Do	tion, give its NAME in-
2 FULL NAME	aumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH July /2 103
WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
much \$ 878	that I last saw her alive on the line 11 1936.
(Month) (Day) (Year)	and that death occurred on the date stated above, at 8.3
If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
yrsmosdsormin. ?	A District
8 OCCUPATION (a) Trade, profession or	Caremona of Wens & Francis
particular kind of work	
business, or establishment in which employed or (employer)	(Duretion) yrsde,
9 BIRTHPLACE (State or country)	Centributory Secondary
10 NAME OF	(Duretion) yrs. mos. ds.
FATHER Jus a. andreads	(Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from
2 12 MAIDEN NAME	Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Yoursets Evere	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
18 BIRTHPLACE OF MOTHER	At place of death yrsmosda. State,yrsmosda.
(State or country)  14 THE ABOVE IS ARUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Lace Dean	Former or establishment of the stable residence.
Care b. 2. Mes	19 PLACE OF BURNAL OR RESIOVAL DATE OF BURNAL
(Address)	Caseline of ecenty July 14, 30
Filed July 14 1920 E. Z. Wolff	20 DOREST OF DEREST
Registrar	I 6 allacegt couldn't
if more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Boquesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

fuinces of various pursuits can be known. The quescupation is very important, so that the relative health-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it n ture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, papecially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerer," etc., (a) Foreman, (b) Automobile factory. The material or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enstate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed whatever, write None. ...red 6 yrs.). For persons who have no occupation "siness, that fact may be indicated thus: Farmer (re-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day -Coal mine, etc. Wom-

REACCEMENT OF CRUSE OF Death—Name, first, the DISTASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

unqualified, is indefinite); Tuberoulosts of lungs, men-unges, peritonacum, etc., Caroinoma, Sarcoma, etc., of symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Example: Measles (disease Ohronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage an can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; and qualify as accidental, suicidal, or homicidal, of State cause for which surgical operation was under-"Purperal septicaemia," "Purperal peritonitis," "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on -accident; Revolver wound of head-homicide; For violent deaths state micans of injury "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-(merely

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing DEATH, Housemuid, etc. It the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At \*chool or At home. Care should be taken definite salary), muy be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health whatever, write None. (a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of ocetc. For many occupations a single word or term on specially in industrial employments, it is necesor At Home, and children, not gainfully emwithout more precise specification as Day The material The ques-

ELASE CAUGING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia, Bronchopneumonia ("Pneumonia."

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such as "Astheuia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory miges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of head of "contributory," (Recommendations on stateture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; and qualify as accidental, suicidal, or homicidal, or taken. For VIOLENT DEATHS State MEANS OF INJUBI State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia." "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway vulsious," "Debility" (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; ("Congenital," "Senile," etc.), Example: Measles "Coma," "Con-(second-(disease

V. S. No. 1

CORD

PLACE OF DEATH	17953 STATE OF MARYLAND
County Darchistas	CERTIFICATE OF DEATH
IN HIR CORPORATE LIMITS OF	Registration Dist. No. // 6
Village or City Muhity Md (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Masthe	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH A 2 , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Man 4 , 165	1930 to July 2 , 1920,
(Month) (Day) (Year	11,000
7 AGE III LESS th	the state of the s
) 8 yrs. 3 mos. 28 ds. or mir	
8 OCCUPATION (a) Trade, profession or	Viante Mysear Octor-
particular kind of work	***************************************
business, or establishment in	(Durstion) vis mos de
which employed or (employer)	- Contributory Carters : School
9 BIRTHPLACE (State or country)	Secondary (Duration) yrs mos ds.
10 NAME OF FATHER O / / /	(Signed) ERWILL M. D.
II BIRTHEI ACE Thank / Milma	- July 3 1920 (Address) Cambridge hof
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER CHAMBE	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place In the State yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
RI 1 Da )	Former or usual readence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Camprily me July 4. 1930
15 Filed July 3 1921 Selevery	Nouth & albant Cambridge M
If more b,anks are needed, addre.s State Registr	rar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more proved an ine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, For many occupations a single word or term on yrs). For persons who have no occupation stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

1852-8-4 ST.

\*causing death), 29 ds.; Bronchopneumonia (secondary), tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The contributory affection need valvular heart disease; Nomenclature of the not be

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. EXACTL by classif Ward) a hospital or institution, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S-STNGLE. 4 COLOR OR RACE 16 DATE OF DEAT MARRIED WIDOWED. OR DIVORCED pino may 6 DATE OF BIRTH That I attended the deceased from instructions that (Month) (Day) (Year) 7 AGE If LESS than 80 and that death occurred on the date stated above, I day hrs. The CAUSE OF DEATH \* was as follows: upplied terms ERVE B OCCUPATION 0 (a) Trade, profession or Se 9 particular kind of work plai refully S (b) General nature of industry business, or establishment in ī (Duration) .....yrs. .... mos..... which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 0 4 D I (Duration) DO 31 0 (Address) OF FATHER \*State the Disease Causing Death, or, in destile from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. RENT (State or country) 12 MAIDEN NAM 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transinform State ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death. ...yra......ds. (State or Country) 0 Where was disease contracted, if not at place of death?.... Every item CIANS sho statement Former or usual residence (Informant 20 If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting Y.S.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. gaged in domestic service for wages, as Servant, Cook laborer, Farm laborer, Laborer—Cout mune, etc. women at home, who are engaged in the duties of the additional line is provided for the latter statement; it businos, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Housenuid, etc. If the occupation has been changed to report specifically the occupations of persons enetc., Foreman, 6 yrs). or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation single word or term on As examples: (a) (6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: \*Cerebrospinal fever\* (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Chronic interstitiol nephritis, etc. The comments of intercurrent) affection need not be (secondar, or intercurrent) affection need not be (secondar, or intercurrent). accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely Examples: Accidental drouning; Struck by railway train diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus, Old Age, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles, inges, peritonucum, etc., Coreinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved telanux) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, eurbolic acid-probably suicide. The n ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; American Medical Association.) Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the ('hronic valvulor heart disease;

PLACE OF DEATH	1/2
County Peralection	
	(29)
Village or City Lake Aville (No	
Village or City Lake Sville (No.	
2FULL NAME M. H Dife	
PERSONAL AND STATISTICAL PARTICULA	RS MEDICA
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
WIDOWED, OR DIVORCED (Write the word)	
6 DATE OF BIRTH	17 I HEREBY
Dearing 16	1870
(Month) (Day)	(Year) that I last saw h
	ESS than and that death occur
	ay hrs. The CAUSE OF DEAT
OCCUPATION A ds. or	min. ? Chrone
(a) Trade, profession or	***************************************
particular kind of work  (b) General nature of industry	
business, or establishment in	
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
1 10 NAME OF	- P 34
FATHER KOCKENGER XIE	(Signed)
11 PIPTHPI ACE	1 15 1936
OF FATHER  (State or country)  (State or country)	*State the Di Violent Causes, st
(State or country)    12 MAIDEN NAME	Accidental, Suicidal
of Mother Mandy audres	18 LENGTH OF RES
13 BIRTHPLACE	At place
OF MOTHER (State or country)	of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDG	Where was disease contr if not at place of death
1 1 0 /	Former or usual residence
(Informant)	19 PLACE OF BURIAL
(Address) Lakesville )	la Lakers
	20 UNDERTAKER
Filed april 17 1930 Mrs H. Ja Coule	ek letto

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

04215 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and St.: Ward)

number.)

AL CERTIFICATE OF DEATH

6 DATE OF DEATH	AP P	14	11/20
************************	Afril (Month)		1920
17 I HEREBY CER	TIFY That I at	tended the	(I ear)
Spil 5	A D	C //	deceased from
hat I last saw hamali	on Apr	el 14	1930.
and that death occured co	the date states	above, at	3 P. m.
The CAUSE OF DEATH *	was as follows:		
Chronic In	terstite	el he les	anti-
	•••••••••••		
		**,***************	******************************
	(Duration)	yrs.	mos. 15 de.
	(Datation)	yı	moe.2 2 (16,
Contributory	***************************************	• • • • • • • • • • • • • • • • • • • •	
	(Duration)		
P 2 0	(Duration)	yrs	mos,ds.
(Signed)	acues		M. D.
Af 15 130 (A	ddress) Can	Bredg	, rel
*State the Discase Violent Causes, state Accidental, Suicidal or Ho	Causing Death	or, in de	aths from 2) whether
B LENGTH OF RESIDE		itals, Institu	tions, Trans-
At place	In th	e	
of death yrsmos	ds. Sta	ateyrs	nios de.
Where was disease contracted f not at place of death?	•		
Former or usual residence			
PACE OF BURIAL OR		DATE OF	BURIAL
Xalceraci	a me	afor	1. 1930
O UNDERTAKER	1	ADDRESS	- 6

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 ms). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Nerwant, Cook; ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Hausekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Pealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, report specifically the occupations of persons en-Foreman, (b) Automobile or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Stationary freman, etc. But in many Salesman. factory. The material Locomotive engineer, (4) Grocery;

Stateme t of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebraspinal maningitis"); Diphtheria (avoid use of "Croup"), "yphaid fever (never report "Typhoid Pneumonia"); 1 ohar pneumonia, Branchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e. g., xep. 20, tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilantis," etc. "Debiny" "Hear"
"Exhaustion," "Hear"
"Marasmus," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature carbolic acid-probably smeide. The nature of the injury, accident; Revolver wound of head homicide; Poisoned by Examples: Accidental drowning; Struck by railway trein or as probably such, if impossible to determine definitaly State eause for which surgical operation was under-Whooping cough; Chronic valendar heart disease; Chronic interstitial nephritis, etc. The contributory (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, "Old Age," "Shock,

(Approved by U. S. Census and American Public IIealth Association.)

additional time is provided for the latter statement; it nature of the business or industry, and therefore an age. For many occupations a single word or term on tion applies to each and every person, irrespective of cupation is very important, so that the relative healthployed, as 11 whoo! or .1t home. Care should be taken definite alary a case be entered a Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Form laborer, Laborer-Coal mine, etc. Womworked on may farm part of the second statement. Never return "Laporer," "Foreman," "Manager," "Deal-(a) Foremen. (b) Astempbile factory. Spinner, (b) Cotton will; (a) Salesman, (b) Grocery; should be a car only when needed. sary to know (a) the kind of work and also (b) the eases, specially in inclusivial employments, it is neces-Civil cogincer, Stationery fremen, etc. But in many Physician Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Plantor, fuln a of various pursuits can be known. Whatever the None. tired ..... for persons who have no occupation burines they fact may be indicated thus: Furmer (restate occupation is a manager illness. If retired from or given up as account of the bishass causing brath, gaged in Jenestic service for wages, as Mertant, Cook work. or H Statement of Occupation Precise statement of ocwit out more precise specification as Day marrifically the occupation of persons en-. If the occupation has been changed children, not gainfully em-As examples: (a) The material The ques-

pas our is the ru (the primary affection with respect to time and cautation), using always the same accepted term for the anne disease. Examples: Corobrosphal fever (the only definite synonym is "Epidenic errebro spinel menincitis"); Diphilicria (avoid use of "Croupa); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.) conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Obranic interstitial nephritis, etc. The contributory use of "Tunetr" for malignant neoplasms); Measles; ..... (нате origin; "Cuncer" is less definite; avoid n.yes. peritonacum, etc., Carcinoma, Sarcoma, etc., of ment of cause of death approved by Committee on quences (e. g., sepsis, telanus) may be stated under the and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puenperal septicarmia," "Puenperal peritonitie," discases resulting from childbirth or miscarriage as can be ascertained as the caure. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping chigh; Chronic valvular heart discuse; ture of the injury, as fracture of skull, and conse-Poisoned by aurbotic acid-probably suicide. The natrain-a cident: Revolver wound of head-homfolde; as probably such, if impossible to determine definitely taken. For violent beating state means of injury Examples: Accidental drowning; of contributory." (Recommendations on state-"Апастіа" Struck by railway (discase (second-(merely

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Exact

PLACE OF DEATH	0384 STATE OF MARYLAND
County Horekester	CERTIFICATE OF DEATH
. 15/ . 11	Registration Dist. No. 1/0
Village or City Near Harlos Eno.	St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE   5 SINGLE.	16 DATE OF DEATH
Male Officed Widowed Single (Write the word)	Jan (Month) 24 (Day) 5 3 (Day)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 23 1920. to 25 25 1926 that I last saw benefite on 23 1926
7 AGE   If LESS than   I day hrs.	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Bornelo Premoni
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. de
9 BIRTHPLACE (State or country) Makes land	Contributory Secondary
10 NAME OF FATHER LINWOOD Woodlow	(Signed). M. E
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of injury and (2) Whether
of MOTHER Waldworth Touls	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	ients or Recent Residents)  At place of deathyrsmosds. Stateyrstnesds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) timework flodson	Former or usual residence
(Address) Hurlock	near furlish Jan VS, 19 5
Filed Jan 25 1930 Robert L Hostings	20 UNDERTAKER GOODRESS AUTOER
If more bianks are needed, address State Registra	r/16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. gaged in domestic service for wages, as Scream, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully cmdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Munager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the pissease causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilaria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease use of "Tumor" tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacenia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sareona, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved (Recommendations on statement of cause of as fracture of skull, and consequences (e g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-(secondar/ Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiname origin; "Cancer" is less definite; avoid by Committee on Nomenclature of the or intercurrent) affection need not be ss important. Example: Measles (disease for malignant neoplasms); Chronic valvular heart disease; etc. The contributory Mcasles ,

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the dutics of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The materia For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Coal mine, etc. not gainfully em-(6) The ques-Grocery,

Statement of Cause of Death—Name, first, the pixEASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

1920 0900

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-A merican Medical Association.) tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Recommendations on statement of cause of teldnus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age, Shock, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Exhaustion, Whooping "Atrophy," "Collapse, Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS state MEANS OF INJURY cough; " "Marasmus, " "Old Age, " "Shock," or intercurrent) affection need "Heart failure," "Haemorrhage," Chronic " "Coma," "Convulsions, etc. The contributory valvular heart disease; not be

Every item of Information should be carefully supplied. ACE should be wated EXACTLY, P CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified statement of OCCUPA 0N is very important. See instructions on back of certificate. PERMANENT BINDING FOR VITH UNFADING INK--THIS MARGIN RESERVED V. S. No. 1 m ż

PLACE OF DEA	erler		0385	STATE OF M	
hear 1,			10)	Registration D	Pist. No. 110
Village or City	istock (No.			St.:Ward)	(If death occurred in a hospital or institu-
²FULL NAME	Samuel J	arres	Dodson		tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
mall Color	or RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCE (Write the word	eingle	16 DATE OF DEATH	30 (Month)	(Day) (Year)
6 DATE OF BIRTH  Loh- 1/4 1916			17 I HEREBY	CERTIFY, That I atte	nded the deceased from
***************************************	(Month) (Day)	(Year)		malive on	7
7 AGE	. 11 mos. 14° de	If LESS than I day hrs.		rred on the date stated a	above, al Z. Thimps
8 OCCUPATION (a) Trade, profession or particular kind of work			Refere	heria	
(b) General nature of industry business, or establishment in which employed or (employer)				(Duration)	yrsds.
9 BIRTHPLACE (State or country)  Md			Contributory Secondary	(Duration)	
10 NAME OF LINWOOD DODGOO			(Signed)	(Address) Reco	M. D.
II BIRTHPLACE OF FATHER (State or country)				isease Causing Death, tate (1) Means of Inju- or Homicidal.	or, in deaths from ary and (2) Whether
of Mother Wads world homes			IB LENGTH OF RE	SIDENCE (For Hospita	
13 BIRTHPLACE OF MOTHER (State or Country)			ients or Recent Residents)  At place of deathyrsmosds. In the Stateyrs		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			Where was disease cont if not at place of dea	raeted, h?	
(Informant) Lurivod Dodson (Address) Hurlock			Former or usual residence		
			19 PLACE OF BURIA	COLARDIAN	lan 31 . 1930
15 Filedfan 3/	30 Robert L F	Hoslugo Registrar	20 UNDERTAKER	Dodson !	ADDRESS Harlock med
If more	bianks are needed, address	State Registrar	, 16 W. Saratoga St.,	Balto., Requesting V. S.	No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Furmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Foreman, (b) Automobile factory. The materia For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the If the occupation has been changed (b) Grocery

Statement of Cause of Death—Name, first, the Distance Causing Death (the primary affection with respect to time and causation), using always the same accepted ten in for the same disease. Examples: Carebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(chanus) may be stated under the head of "contributory." atic), as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "(F. haustion." "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, (secondar; or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of "Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY Committee on Nomenclature Chronic valvular heart disease, Example: Measles (disease etc. The contributory

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PLACE OF DEATH	05482 STATE OF MARYLAND		
County Dorchester	CERTIFICATE OF DEATH		
County	Registration Dist, No. 186		
Village or City Couldmelgi (No. Storpe Co	St.: Ward)  Row Lodson  (If death occurred in a hospital or institution, give its NAME instend of street and number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH		
midowed or divorced (Write the word)	(Month) (Day) (Year)		
6 DATE OF BIRTH	1 HEDERY CERTIEY That I attended the deceased from		
5 10 1930	- 192 to 20 Cine , 192		
(Month) (Day) (Year)	that I last saw home afve the 17/0 , 1925 p		
7 AGE (If LESS than	and that death occurred on the date stated above, at 12.7.m.		
1610 Porce I dayhrs.	The CAUSE QF DEATH * was as follows:		
yrsds. ormin.?	bud during fulling		
8 OCCUPATION (a) Irade, profession or	( Should Pin our alway		
particular kind of work			
O(b) General nature of industry business, or establishment in	(Duration)yrsmosds.		
Owhich employed or (employer)	Contributory		
9 BIRTHPLACE (State or country)	Secondary		
week ma from	(Duration)ds.		
10 NAME OF FATHER A. A.	(Signed) M.D.		
IL SIRTHPLACE	5) 10 Agel (Address) A Hurbork me		
OF FATHER (State or country)	*State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
OF MOTHER AS THE	18 E-NGTH OF RESIDENCE (For Hospitals, Institutions, Trans-		
13 BIRTHPLACE	ients or Recent Residents) At place in the		
OF MOTHER (State or Country) Wal	of deathyrsds. Stateyrsds.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?		
	Former or usual residence		
(Informant) Walter Hotson	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
(Address) Thulver my	washing for Cerulary 5710 , 136		
15 Stra a MATVactoria	20 UNDERTAKER ADDRESS		
Filed 190 Registra	walter Dodgen Hudord My		
If more banks are needed, addre.s tate wegistra	r, 15 W. Saratoga St., Balto., Lequesting V. S. No. 1.		

(Approved by U. S. Census and American Fublic Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the household only (not paid *Househeepers* who receive a definite salary), may be entered as *Housewife*, *House*er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary). st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease; Example: Measles (disease etc. The contributory not be

>	<	Exact
	RD	ACE should be stated EXACTLY, FYSI- o that it may be properly classified. Exact
	A PERMANENT CORD	ted EXA
NG	NENT	be star
OR BINDING	PERMA	should t it may
OR	4	AGE than

PLACE OF DEATH County Dr Chula	05483 STATE OF MARYLA CERTIFICATE OF DE
Village or City Cameling (No. Cameling) 2FULL NAME Byord a. Dolly	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Asex 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH May Got (Month) (Day)
6 DATE OF BIRTH  Duf Thun  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the d  192 to Way 6 -  that I last saw h W alive on May 6 -
7 AGE  If LESS than I day hrs or min.	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, in deviced the Causes, state (1) Means of Injury and (2) Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institution of Geath, yrs  At place of death, yrs  Where was disease contracted, if not at place of death?  Former or  *State the Disease Causing Death, or, in development of Injury and (2) and (2) are death.  *State the Disease Causing Death, or, in development of Injury and (2) are death.  *State the Disease Causing Death, or, in development of Injury and (2) are death.  *State the Disease Causing Death, or, in development of Injury and (2) are death.  *State the Disease Causing Death, or, in development of Injury and (2) are death.  *State the Disease Causing Death, or, in development of Injury and (2) are death.  *State the Disease Causing Death, or, in development of Injury and (2) are death.  *State the Disease Causing Death, or, in development of Injury and (2) are death.  *State the Disease Causing Death, or, in development of Injury and (2) are death.  *State the Disease Causing Death, or, in development of Injury and (2) are death.  *State the Disease Causing Death, or, in development of Injury and (2) are death.  *State the Disease Causing Death, or, in development of Injury and (2) are death.  *State the Disease Causing Death, or, in development of Injury and (2) are death.  *State the Disease Causing Death, or, in development of Injury and (2) are death.  *State the Disease Causing Death, or, in development of Injury and (2) are death.  *State the Disease Causing Death, or, in development of Injury and (2) are death.  *State the Disease Causing Death, or, in death.  *State the Disease Causing Death, or,
(Address) Ser hun monte / hud.	usual residence  19 PLACE OF, BURIAL OR REMOVAL  DATE OF  May 8  20 UNDERTAKER  ADDRESS
Filed Mars 192 Maff	HH Willinghe - En hum

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital or institu-tion, give its NAME ir-stend of street and number.)

	16 DATE OF DEATH May 6 1931
	(Month)(Day)(Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
	- 192 to May (0 - , 1927).
	that I last saw h W alive on Way 6- 1923),
	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
,	mucho munich, tormenal.
	Owf OZ
	accidentally caught under falling tree
	Contributory Fraction of llns + Torogunl Secondary
	(Duration) yrs mos ds.
	(Signed) M. D.
	*State the Disease Causing Death, or, in deaths from
	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place of death yrs. 2 mos. de State yrs. mos. de
	Where was disease contracted, if not at place of death?
	Former or usual residence. Low lund
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Mohnghatemely may 8, 1930
	20 UNDERTAKER ADDRESS
	184 William - En hunderling,

V. S. No. 1

1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healther," etc., whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (6)

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"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," stited unless important Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. chopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic etc. The valvular heart contributory disease,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, P. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. etatement of OCCUP. ON is very important. See instructions on back of certificate. DRD PERMANENT BINDING FOR PITH UNFADING INK--THIS IS MARGIN RESERVED V. S. No. 1

County Deschister	04217 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Heulsels (No.	Registration Dist. No. // O  St.: Ward)  St.: Ward)  in the street of street are number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH G (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year	Trasficles CERTIEY, That I attended the deceased from
7 AGE  Word 35 yrs. mos. ds. or min  B OCCUPATION  (a) Trade, profession or four words.  particular kind of work	and that death occurred on the date stated above, at 2
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Name of the country of the count	Contributory Secondary
10 NAME OF	(Signed) LGA M. I
FATHER  UNUSUAL  II BIRTHPLACE OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the State Yrs Mos, Mos, Mos, Mos, Mos, Mos, Mos, Mos
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  (State of country)  14 MAIDEN NAME OF MOTHER  15 BIRTHPLACE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran ients or Recent Residents)  At place

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesgaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Loconotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. nature of the business or industry, and therefore an Statement of Occupation-Precise statement of octo report specifically the occupations of etc., or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). (b) Cotton mill; (a) without more precise specification as Day For persons who have no occupation Salesman. (b) persons en-Grocery

Statement of Cause of Death—Name, first, the DISALEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term of the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "('roup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the (Recommendations on statement of cause of tetanus) may he stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrlage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" inges, peritonucum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; l'oisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar: or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences te g., sepsis, taken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi . (name origin; "Cancer" is less definite; avoid for malignant neoplasms); Measles; Chronic valvular heart disease etc. The contributory

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BINDIN

FOR

RESERVED

MARGIN

If more b.anks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, Y.S.—Sians should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCU. TION is very important. See instructions on back of certificates. CORD PERMANENT BINDING MARGIN RESERVED FOR WITH UNFADING INK-THIS IS Z V. S. No. 1

	PLACE OF DEATH  County Downtester	09166 STATE OF MARYLAND
	County Lowberter	CERTIFICATE OF DEATH Registration Dist. No. // G
	Village or City Cambrid (No. Was	St.: Ward) (If death occurred in a hospital or institu-
	2FULL NAME M. Jahr De	ward) a hospites or institu- tion, give its NAME is- stend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Mole White Single, Married, Widowed. Mos Divorced (Write the word)	16 DATE OF DEATH (Worth) (Day) (Year)
	6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from August 12, 193 to Compared 12, 193 0, that I last saw him alive on August 12, 192 0,
	7 AGE // (ISSIE) (ISSIE)	and that death occurred on the date stated above, at
	7 /     day hrs.	The CAUSE OF DEATH * was as follows:
	mos. ds. or min.?	Fracture of Shull
-	(a) Trade, profession or	(acionese anto acuse
2	particular kind of work  (b) General nature of industry	
	business, or establishment in	4 hour
40		yrsmosds,
9	which employed or (employer)	
		Completion (Durstion) yrs. mos ds.
	which employed or (employer)	(Durstion) yrs. mos. ds.
	9 BIRTHPLACE (State or country)	(Signed) (Durstion) yrs. mos. ds.  (Durstion) yrs. mos. ds.  (Durstion) yrs. mos. ds.
	which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE	(Signed) (Address) (Author) (Durstion) (Durstion) (Signed) (Address) (Author) (Durstion)
	which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)	(Signed) (Durstion) yrs. mos. ds.  (Durstion) yrs. mos. ds.  (Durstion) yrs. mos. ds.
	which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE	(Signed)  (Signed)  (Signed)  (State the l'isesse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	(Signed)  (Signed)  (Signed)  (State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place  In the
	which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	(Signed)  (Signed)  (Signed)  (State the l'is see Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.
	which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER	(Signed)  (Signed)  (Signed)  (State the l'is see Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yre mos ds. State yrs mos ds. Where was disease contracted accepted of Causery and the state of death?
	which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)	(Signed)  State the lissusse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds,  Where was disease contracted death?  Former or usual residence
	which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)  (Signed)  (Signed)  (State the l'is see Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yre mos ds.  Where was disease contracted accidents of Caures of Means of Injury and (2) Whether Accidents or Recent Residents)  At place of death yre mos ds.  Where was disease contracted accidents of Caures of Means of the Prometor
	which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	(Signed)  (Signed)  (Signed)  (Signed)  (State the Disease Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds, State yrs mos ds.  Where was disease contracted death of Courses of State and State of

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more precise relations, without more precise Coal mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; ayoid American Medical Association.) approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Chronic interstitial nephritis, etc. The contributory Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic affection need valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH Registration Dist. No. properly classifi EXACTL certificate. be stated PERSONAL AND STATISTICAL PARTICULARS ERMANEN 5 SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED BINDING pe may be n back WIDOWED OR DIVORCED hould (Write the word y supplied. ACE shain terms so that it see instructions of FOR (Nonth) (Day) (Year) 7 AGE IIfLESS than I day hrs. RESERVED 8 OCCUPATION (a) Trade, profession or particular kind of work carefully in pla (b) General nature of industry important. business, or establishment in UNFADING which employed or (employer) be car MARGIN 9 BIRTHPLACE (State or country) DO 10 NAME OF 3 L FATHER 0 Sh BIRTHPLACE ENTS OF FATHER S on 20 (State or country) 12 MAIDEN NAME œ PA OF MOTHER Every item of inform CIANS should state statement of OCCUP 13 BIRTHPLACE OF MOTHER (State or Country) KNOWLEDGE usual residence. BURIAL OR REMOVAL 80 If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

STATE OF MARYLAND CERTIFICATE OF DEATH

(If death occurred in Ward)

a hospital or institu-tion, give its NAME Instead of street and number.)

DATE OF BURIAL

ADDRESS

### MEDICAL CERTIFICATE OF DEATH

File Ly	7	1	930
(Mon	th)(	Day)	(Year)
Odnat alleged	at Lattend	d the dece	ased fron , 192
that I last saw hammalive on		-	, 192
and that death occurred on the dat	e stated abo	ve, all	Z'_m
The CAUSE OF DEATH * was as fol	llows:		
Turned it		1 5	
Topical died a	18	Lon	
Preservicestation	on)yn	snios.	ds
Contributory Secondary	*************************	****************	
(Signed) (Duration			. M. D.
192 (Address) 2	rulo	46	nu
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, of Injury	in deaths and (2) V	from Vhether
18 LENGTH OF RESIDENCE (For ients or Recent Residents)	Hospitals,	Institution	s, Trans
At place of deathyrsmosds.	In the State	yrstn	ه امرینی ده
Where was disease contracted, if not at place of death?			
Former or			

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from tired 6 yrs). er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (0) the kind of work and also (b) the fulness of various pursuits can be known. whatever, write Nonc. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed Foreman, or Al Home, and ehildren, not gainfully em-For many occupations a single word or term on Farm loborer, Laborer-Coul mine, etc. Wom-(b) Colton mill; (a) Salcsman. without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons (b) Automobile factory. The material who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to the and causation), using always the same accepted to the for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

(secondar; or intercurrent) affection need not be stated unless important. Example: Measles (disease or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Exhaustion," "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway troinand quality as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicuemia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify all Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinomo, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJURY "Heart failure," "Haemorrhage, for malignant neoplasms); Measles, Chronic volvular heort discose, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH  County Direction for  Village or City Hurls de (No.	10348 ST CEI
2FULL NAME Still born Dull	lou
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CI
Anale Color or RACE SINGLE.  MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 Shed hirth
DATE OF BIRTH  Sept 15.5 1930  (Month) (Day) (Year)	that I last saw halive
AGE    If LESS than   I day hrs.   or min.?   occupation   occupation	and that death occurred on The CAUSE OF DEATH * w
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
10 NAME OF FATHER PERMAN DULTON  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed)
12 MAIDEN NAME OF MOTHER Sarah. Swrver  13 BIRTHPLACE OF MOTHER (State or Country)  And	18 LENGTH OF RESIDEN ients or Recent Resident At place of deathyrsmos Where was disease contracted, if not at place of death?
(Informant) hermane Jultone  (Address) Harlocky	if not at place of death? Former or usual residence
15 m. Mast 15 1029 N Manhaete	

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. /10

St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE	OF DEATH
The Still Kirth Sept.	
	(Day) (Year)
17 I HEREBY CERTIFY, That I at	, 19 <b>TO</b>
1092 to	, 1900
that I last saw h ammalive on	192,
and that death occurred on the date state.  The CAUSE OF DEATH * was as follows:	d above, at
(Duration)	yrs. mos. de.
(Signed)	M. D.
*State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	or, In deaths from njury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	itals, Institutions, Trans-
At place of deathyrsmosds. In the	e iteyrsmosds.
Where was disease contracted, if not at place of death?	00000000000000000000000000000000000000
Former or usual residence	
Hulock Ind	Left 15 , 430
20 UNDERTAKER	ADDRESS

L ON S

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary froman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The materia For many occupations a single word or term on Farm laborer, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Laborer-Coal minc, etc. Grocery, Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinul EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISto time and eausation), using always the same accept-Typhoid fever (never report "Typhoid Pneumonia"); (the only definite synonym is "Epidemic cerebropneumonu, Bronchopneumonia ("Pneumonia,

> stated unless important. Example: Measles (disease inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (seeondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and eonsequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Exhaustion, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; 3 9 ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic valvular heart affection need etc. The contributory disease; not be

data is essential and must be obtained before the certificate is permanently filed iswered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

BURGAU

PLACE OF DEATH proper PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 4 COLOR OR RACE MARRIED. BINDING WIDOWED. OR DIVORCED Write the word (Month) I HEREBY 6 DATE OF BIRTH that (Day) (Month) 7 AGE IIf LESS than I day hrs. terms ds. or min.? 8 OCCUPATION See RESERV (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in 2 which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Duration) OD 10 NAME OF (Signed) FATHER 314 (Address) .... 11 BIRTHPLACE L 0 7 (State or country, Accidental, Suicidal or Homicidal. ш 00 4 OF MOTHER nform ients or Recent Residents) State 13 BIRTHPLACE At place of death... OF MOTHER (State or Country) Where was disease contracted, P if not at place of death? Every item CIANS sho statement usual residence If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospital or institution, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH

(Day) CERTIFY, That I attended the deceased from

and that death occurred on the date stated above, at .. The CAUSE OF DEATH \* was as follows:

(Duration)

.....yrs......nos......ds.

\*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the State.

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e.g., Farmer or Planter, cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (3) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Annemia" (merely symptominges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicacmia," "PUERPERAL peritonilis," etc. "Tranition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valutlar heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); approved by telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as A CIDENTAL, SUICIDAL or HOMICIDAL, or as probably st. If impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Active I drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Committee on Nomenclature Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

	PLACE OF DEATH	114410 STATE OF MARTLAND
	County Wor Chester	CERTIFICATE OF DEATH
	The state of the s	Registration Dist. No. 111
1	& no bookst	St. Ward) (if death occurred in
	Village or City & New Market (No.	a hespital or institu-
	9 1 + 80	tion, give its NAME in- stend of street and number.)
	2FULL NAME Suface CL	ACCI.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
	WIDOWED, OR DIVORCED	(Month)— (Day) (Year)
	Write the word)	17 I HEREBY CERTIFY, That I attended the decessed from
	DATE OF BIRTH	apr 22,0230,0 apri 32,0200
	april 1730	that I hat saw hamalive on
	(Month) (Day) (Year)	and that death occured on the date stated above, at
	7 AGE [If LESS than	
	yrs. mos. ds. or min.?	In lune of DEATH * was as follows:
	8 OCCUPATION	chit of sea gertalia
	(a) I rade, profession or particular kind of work	april & non. gertation
-	(b) General nature of industry	cour I death whenon
1	business, or establishment in	(Duration) yrs
1	which employed or (employer)	Contributory P
	9 BIRTHPLACE (State or country)	Secondary Jack Jatelly I will
	I 10 NAME OF ALL OF TO DO ALL	a Carry Lyer Corn
	FATHER Sulps & Ellest	(Signed) M. D.
	M 11 BIRTHPLACE	ofer. 23 1980 (Address) Ouston Me
	OF FATHER Z (State or country)	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
	TI MAIDEN NAME ()	
	of MOTHER Way 7h. Colombia	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE	At place In the
-	OF MOTHER (State or country)	of death yrs ds. State yrs ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	50 E0007	Former or usual residence.
	(Informant) (mer Coot)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) East New Marketh	6 n. market apr. 23,,30
	2 20 4/4 20 0	20 UNDERTAKER COLD DRESS
	15 Filed Gyr. 23 130 Must to Michael	Elme Clout 6. h. Warte
	Kegistrai	16 W Savetore St. Belto., Requesting V. S. No. 1.
	If more blanke are needed, addross State Registres	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more present all mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) (irecery; (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House en at bome, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an Civil engineer. Stationary froman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return 'Laborer,""Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully em-Compositor, Architect, For persons who have no occupation Locomolive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Branchopneumonia ("Pneumonia.")

> "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart fauure, "Old Age," "Shock," atic), "Atrophy." "Collapse," "Corra," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (secondar, or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonueum, etc., Carcinoma, Sarcoma,, etc., of ....... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of 'contributory.' tions, such as "Asthenia," "Anaemia" (merely symptomapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably smoids. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or misearriage causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic wakrular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-"Heart failure," "Haemorrhage, Nomenclature etc.), "Dropsy,"

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

200

С	PLACE OF DEATH ounty Dorchesters
Villa	go or City East New Inarhoot
	2FULL NAME 2 Infants Elbers
	PERSONAL AND STATISTICAL PARTICULARS
los Sen	A COLOR OR RACE 5 SINGLE, Infants 16 WIBOWED.  OR-DIVORCED (Write the word)
6 DA	TE OF BIRTH  Quil 954, 1930  (Month) (Day) (Year)
7 AG	
(a) par (b) bus	Trade, profession or ticular kind of work  General nature of industry tiness, or establishment in ich employed or (employer)
9 81	(State or country) East hew thanks I floghed
	FATHER SCHOOL & Ellert (S
ARENTS	OF FATHER (State or country)  Many Rand
PAR	OF MOTHER Ruby M. Sterry 18
	3 BIRTHPLACE OF MOTHER (State or country)  All ef  W
	(Informant) Clear 2 Elbert
CLAMO	(Address) Easthow hearhot hid 18
rs Fi	iledapr 23 1930 Mrs TV 7 Micels 20

### 04219 ST

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

C	Ward)
_St.:	W Ard)

(If death occurred in a hespital or institution, give its NAME insteed of street and number.)

MEDICAL CERTIFICATE OF	DEATH
16 DATE OF DEATH JULY (Month)	(Year)
17 I HEREBY CERTIFY, That I atter	
and that death occured on the date stated a	pove, at
The two living mon born, about 8 mon	0 4 4
Contributory Secondary Jack of ability	evolor to
Signed Januardon Jul 23 1920 (Address) Pros	ton, md"
*State the Discase Causing Death, Violent Caus.s, state (1) Means of Inju Accidental, Suicidal or Homicidal.	or, in deaths from ry and (2) whether
B LENGTH OF RESIDENCE (For Hospital ients or Recent Residents) At place In the	
of death yrs mos ds. State.  Where was disease contracted,  f not at place of death?	yrsds,
ormer or seed residence.	
PLACE OF BURIAL OR REMOVAL	prid 33, 1936.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the cupation is very important, so that the relative health tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomolive engineer the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSING DEATH. work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) tion applies to each and every Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material Salesman, (b) person, irrespective of Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia. Bronchopneumonia ("Pneumonia")

tions, such as Astrona, ""(Compa," "Convulsions, atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," Haemorrnage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcomu,, etc., ef telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); . . . . . (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping cough; Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY death), 29 ds.; Bronchopncumonia (secondary) Chronic valvular heart diseuse; etc. affection need not be Nomenclature The contributory Always qualify all Me sles

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A 1the data is essential and must be obtained before the cartificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH 02880 CERTIFICATE OF DEATH County Occhesto stated EXACTLY, properly classified of certificate. Registration Dist. No. St.: Ward) (If death occurred in a hospit... ir institu-tion, give its NAME is stend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH ERMANEK 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. pe BINDING should be it may be son back LOWED. CR DWORCED (Write the word) I HEREBY CERTIFY. That I attended the deseased from 6 DATE OF BIRTH + 0 structions that that I last saw heartalive on ..... (Day) SUR and that death occured on the date stated above, at ... 1.0 fLESS than 7 AGE L I day hrs. The CAUSE OF DEATH \* was as follows: pplied CD ds. or min.? Ш 99 BNOCCUPATION ESERV (a) I rade, profession or particular kind of work refuily G (b) General nature of industry a business, or establishment in 0 which employed cr (employer). impo OI MARGIN 9 BIRTHPLACE Secondary (state or country) EA (Duration) 10 NAME OF 0 (Signed) 4 > 0 00 11 BIRTHPLACE OF FATHER the the Distase Causing l'eath, or, in HZ OZ Cause, state (1) Means of Injury and (2) whether (State or country) 20 Accidental, Suicidal or Homicidal. Li 12 MAIDEN NAME 2 18 LINGTH OF RESIDENCE (For Lospitals, Institutions, Trans-4 Informa state OF MOTHER ients or Recent Residents) 0 13 CIRTHPLACE In the At place OF MOTHER of death yrs ..... mos ..... ds. Every item of in CIAMS should a statement of OC (State or country) Where was disease contracted, if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual res.dence. DATE OF BURIA 19 PLACE OF BURIAL OR REMOVAL If mora b.anks are needed, address Stata Registrar, 15 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. state occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Forcman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, et .. But in many the first line will be sufficient, e.g., Termer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None: business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Brs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) For persons who have no occupation Automobile factory. The material (b) Grocery; The ques-

Statement of Gause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the early definite synonym is "Epidemic cerebrospinal meanities"); Diphtheria (avoid use of "Croup", "Typhoid fever (never report "Typhoid Pneumonia"; Lobar meumonia Bronchopneumonia ("Pneumonia,"

. . . . . (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease taken. FOR VIOLENT DEATHS State MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Messles; inges, perilonaeum, etc., tetanus) may be stated under the head of "contributory" as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-inges, pertinuaeum, etc., Carcinoma, Sarcoma,, etc., of approved by Committee on Nomenclature of the American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. valvular heart diseuse; The contributory need not be

If this certificate is looked over thoroughly and all qu.-fions answered in defail, it will prevent further correspondence. ... the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. Village or Ci (If death occurred in (Ward) a hospital or institution, give its NAME it stead of street and stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DE 5 SINGLE. 4 COLOR OR RACE 16 DATE OF MARRIED. WIDOWED OR DIVORCED Write the word (Month) That A attended the deceased from that Isi (Month) (Day) (Year) Ilf LESS than 7 AGE and that death occurred on the date stated above I day hrs. The CAUSE OF DEATH \* A as follows (1) ds. or min.? rmi mos. 8 OCCUPATION te 99 RESERV (a) Trade, profession or particular kind of work efully in plai (b) General nature of industry business, or establishment in (Durstion) 50 which employed or (employer) Contributory MARGIN 9 BIRTHPLACE dw Secondary (State or country) D W 10 NAME OF o IL. 11 BIRTHPLACE क ध RENTS OF FATHER Causing Death, or, the l'is ase 50 75 Noient Causes, state (1) Means of Injury and (State or country) 20 12 MAIDEN NAME 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER 1 icnts or Recent Residents) 13 BIRTHPLACE In the At place CCC OF MOTHER of death .....yrs ......mos... State\_ (State or Country) 00 Where was disease contracted, put at place of deah? shoul Every it CIANS stateme

If more b.anks are needed, addre s tate negistrar, 16 W. Saratoga St., Bulto., Lequesting V. S. Ivo. 1

deaths Arem

(2) Whether

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Spinner, nature of the husiness or industry, and therefore an Physician, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, whatever, write None. business, that fact may be indicated thus; Farmer (rerner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); pinal meningitis"); Diphtheria (avoid use of "Croup"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," st\_ted unless important. ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drepsy, "E:haustion," "Heart failure," "Haemorrhage," "Inamition," "Marasmus," "Old Age," "Shock, Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Whooping cough; telanus) may be stated under the head of "contributory." earbolic acid—probably suicide. The n\_ture of the injury, as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY (Recommendations on statement of cause of American Medical Association.) approved by Committee on Nomenclature of the Never report mere symptoms or terminal condi-Chronic valvular heart disease; death

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PLACE OF DEATH	STATE OF MARYLAND
County Downston	09168 CERTIFICATE OF DEATH
THIS BORPORATE LIWITS OF	Registration Dist. No. 1/6
Village or City Cambridge Mol(No.	St: Ward) (If death occurred in
FULL NAME fammel M.	a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  Aug. 3 / , 193 D  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That 1 attended the deceased from
Ich 2/ 1908	aug. 31 1927 to aug. 31 , 1925,
(Month) (Day) (Year)	that I last saw ham alive on any 30 , 193-,
7 AGE AFLESS than	and that death occurred on the date stated above, at 12-150 m.
10 dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. 6 mos. ds. or min.?	Control House de Selle is OT-16
(a) Trade, profession or particular kind of work	Central Hemort ye following auturly
(b) General nature of industry	accident Intime uguico.
business, or establishment in which employed or (employer)	(Duration)yrsds.
9 BIRTHPLACE	Contributory
(State or country)	Secondary
110 NAME OF	(Duration)
FATHER Million Elevin	(Signed) M. D.
O 11 BIRTHPLACE	(Address) (Author)
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
2 OF WA	Former or usual residence
(Informant) Mrs (MMms) M My	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Cumbrilo me	C. 1-10 had hotz war
Solland	20 UNDERTAKER ADDRESS
Filed Auft. 1 1920 Collog Registrar	Frank & albangh Cambridge me
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewise*, *House*en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, worked on may form part of the second statement. whatever, write None. Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day Compositor, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material Architect, Salesman. Locomotive (b) engineer, Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

1908 -2-21

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, perdonaeum, etc., Careinoma, Sarcoma, etc., of earbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homieide; Poisoned by diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be American Medical Association.) approved by Committee on (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Aceidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. Whooping Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage as cough; Chronie valvular heart disease, etc. The Nomenclature of the contributory " Shock,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

Short rem of information should be carefully supplied E should be state EXACTLY, CIANS should state OAUSE OF DEATH in plain terms so that it may be properly chestifies statement of OCCUPATION is very important. See instructions on back of certificate. PERMANEN BINDING X 2 FOR WITH UNFADING INK---THIS RESERVED MARGIN

2

An eline	CERTIFICATE OF DEATH
County O	Registration Dist. No. // 6
Village or ety Church Creek (No.	St.: Ward)  (If death occurred in a lospital or institu- don, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 1 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h 1 alive on 7 14 1928.
7 AGE  If LESS than I dayhrs.  yrs	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer).	fam tanting clued the my in lang offices  ast fine most and contributory  Contributory  Secondary  (Duration) , yes, mos. de.
10 NAME OF FATHER CHUM CHY Y.  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME A	(Signed)  1920. (Address)  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER Wagge Mult	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)  At place In the State, yrsmosda.
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	Where was disease contracted, if not at place of death?  Former or usual residence.
(Address)	19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL WY 10 ,19 20
Filed July 16 1920 ElWalf Registrar	20 UNDERTAKER Don Richardson Church Crey Mil
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

chould be used only when needed. As examples: (a) additional line is provided for the latter statement; it r..ture of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, House household only (not paid Houseksepers who receive a on at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (l) Crocery; state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foreman, (b) Automobile factory. The material Housemaid, etc. If the occupation has been changed to report specifically the occ. pations of persons enwhatever, write None. ured 6 yrs.). For persons who have no occupation l'isiness, that fact may be indicated thus: Farmer (re-Statement of Occupation-Precise statement of ocetc., For many occupations a single word or term on without more precise specification as Day

ELACEMENT Of Cause of Death—Name, first, the DISTASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."): Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

use of "Tumor" for malignant neoplasms); Measles; myer. peritonaeum, etc., Carcinoma, Sarcoma, etc., of ....... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mensymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anzemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Chronic interstitial nephritis, etc. The contributory can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart fallure," "Haemorvulsions," "Debility" ("Congenital," "Senile," etc.), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the ture of the lnjury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent deaths state muans of injury State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on Example: Mcasles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of Information should be carefully supplied. At Ethouid to stated EXACTLY, P. CIANS should exist CAUSE CE EATH In plain terms so that it may be properly classified. PERMANENT BINDING MARGIN RESERVED FOR WITH UNFADING INK--THIS IS

S No. 1

	PLACE OF DEATH	05484 STATE OF MARYLAND
	County Dorchester	CERTIFICATE OF DEATH
		Registration Dist. No.
	Village or City Cambridge (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME is
3	2FULL NAME Lee Fulton	Stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
200	Male Colored Single, MARRIED, Single WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May 2 3 , 1920 (Month) 13 (Day) 1930 (Year)
10000	6 DATE OF BIRTH  May (Day) 1926  (Month) (Day)	that I last saw h malive on May 2 t , 1920,
1311 0011	7 AGE  /O yrs. mos. ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
999	B OCCUPATION (a) Trade, profession or particular kind of work	Tuberoulon y Longs
tant	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 3 mos. ds.
Cdw	9 BIRTHPLACE (State or country) Cambridge Dor. Co Md	Contributory Secondary  Durstion)  yis
Very	10 NAME OF WON H Ennals	(Signed) M. D. Man 24 1920 (Address) lourby And
0.4 18	OF FATHER (State or country) Dorchester Co	*State the Liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
5	of MOTHER Blanche Dean	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	OF MOTHER (State or Country) Worchester Co	At place of death
ent or	(Informant) Blunche Eunals	it not at place of dea h?  Former or usual readence
ateme	(Address) Cambridge, Ind	Waugh Cenetry Careh nd May 25, 1930.
ထိ	15 Filed May 24 1930 Eschoff	H. M. Ar. Clair Camb. Md.
	If more b.anks are needed, addre.s tate Registra	ar, 16 W. Saratoga St., Bulto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (o) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g. Farmer or Flanter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationory firemon, etc. But in many business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a Foremon, (b) Automobile foctory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm loborer, Loborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation (b)

Strtement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); s. inal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease inges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of approved by Committee on Nomenclature (Recommendations on statement of cause of tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Meosles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic etc. The valvular heart disease; Always qualify all contributory not be

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mos.....ds.

DATE OF BURIAL

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state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health business, that fact may be indicated thus; Farmer 'reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, et . But in many the first line will be sufficient, e.g.. Famer or Planter, Statement of Occupation -- Precise statement of ocwhatever, write None. Housemaid, etc. to report specifically the occupations of persons en-Physician, Compositor, Architect, Locomotive engineer, etc., or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as For persons who have no occupation If the occupation has been changed As examples: (0)

Statement of Cause of Death—Name, first, the DISAEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the cody definite synonym is "Exidemic cerebrospinal mendatis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Typhoid fever (never report "Typhoid Pneumonia";

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease "PUERPERAL septicaemio," "PUERPERAL peritonitis, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease · · · · · (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinomo, (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, letanus) may be stated under the head of "contributory". carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as by Committee on Nomenclature cough, Chronicetc. volvular heart The contributory Sorcoma,, etc., of Me sles ; disease;

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-Every item of information should be carefully supplied. ACE should be stated EXACTLY, CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified statement of OCCU. ORD PERMANENT MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS

V. 8. No. 1

N. B.-

Exact

PLACE OF DEATH

County Dorefeets	Registration Dist. No. 1/4
Village or City Brafit (No	St: Ward) (If death occurred is a hospital or institution, give its NAME is
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.  MARRIED.  WIDOWED  OR DIVORCED  (Write the word)	16 DATE OF DEATH  16 DATE OF DEATH  (Month) (Dsy) (Year)
6 DATE OF BIRTH  Mol 4, 1880  (Month) (Day) (Year)	that I last saw her alive on the deceased from the last saw her alive on the deceased from the last saw her alive on the deceased from the
7 AGE    If LESS than   day hrs.   day hrs.   day hrs.   or min.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows:  **Maring Sereous atm
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  (State or country)  (State or country)	(Signed)  (Signe
13 BIRTHPLACE OF MOTHER (State or Country) Andrew Co. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
(Address) Grapo  15 Filed aug 29 198 0 Mrs H Lausiale  Social Registrar	19 PLACE OF BURIAL OR REMOVAL  Craho WId Rug 29, 1930  20 UNDERTAKER  ADDRESS  ADDRESS  Lambridge
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

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tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, to report specifically the occupations of persons enworked on may form part of the second statement. etc., For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ethaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Mcasles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The niture of the injury, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Chronic Example: Measles (disease etc. The contributory valvular heart disease;

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PLACE OF DEATH

PLACE OF DEATH	02881 STATE OF MARYLAND
County November	© CERT!FICATE OF DEATH
7	Registration Dist. No.
2FULL NAME JOHN LE PERSONAL AND STATISTICAL PARTICULARS	St.: Ward) (if death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH ZZ , 1930 (Month) (Day) (Year)
Sept 28 186	17 I HEREBY CERTIFY, That I attended the deceased from 1929 to 23 , 1930  that I last saw hamalive on 23 1950
(Month) (Day) (Yéar)  7 AGE    If LESS that   I day   hre   or   min.	and that death occurred on the date stated above, at \$ 300, m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	aut levite Insuffrey
business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER	Contributory Secondary  (Duration)
II BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)  12 MAIDEN NAME OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence
(Informant) Mary & range (Address) Secretary Ma.	19 PLACE OF BURIAL OR REMOVAL  Secutary 20 UNDERTAKER  ADDRESS
Filed 3-25 136 / W.C. F. / Locks Registrar  If more bianks are needed, address State Registra	H. H. Willoughy Easthew & x

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state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salcsman. additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furmer (reto report specifically the occupations of persons enployed. as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a etc., Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as For persons who have no occupation (b) Automobile factory. The material (b) Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. Then ture of the injury, "PUERPERAL septicuemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," etc., when a definite disease "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Amaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondar/ unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy." "Collapse," "Coma," pertionaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi cough; or intercurrent) affection need not be ss important. Example: Measles (disease ('hronic etc. The contributory valvular heart disease, ," "Convulsions,

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h e	(1917) STATE OF MARYLAND
County Doubertes	CERTIFICATE OF DEATH
	Registration Dist. No.
illage or City Cambridge (No. 106	Chofland auge Ward) a hospital or insti
1.00	ward) a hospital or instition, give its NAME
2FULL NAME Stella 22	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, 211	16 DATE OF DEATH
Peruste Willowed, OR DIVORCED (Write the word)	(Month) (Day) (Year)
DATE OF BIRTH	170 I HEREBY CERTIFY, That I attended the deceased fre
first 2 f 1864	July 15 1930 to arguest 28, 193
(Month) (Day) (Year)	that I last aw has alive on arture 2 d., 192
AGE    If LESS than	
Jyrs. / mosds. ormin.	
OCCUPATION OCCUPATION	Carinous of stomore
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs, mos,
BIRTHPLACE	Contributory Secondary
(State or country)	(Duration) yrs. 2 mos.
10 NAME OF HALL 7.17	(Signed) John Mary Fry
14 oug son my	Percent 2 192 (Address) Camarile n
11 BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, in deaths from
(State or country) 12 MAIDEN NAME	Violent Causea, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER AND WORKER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country)	of death yrs mos State yrs mes mes
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
a he continued	Former or usual residence
(Informant) / Ms Camm Muning	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Carph My	Trunk E. albanh Mry 30 193
(110 20 20 SB1) est	20 UNDERTAKER ADDRESS
Fill 1901).	· C. h. h. had C. 1-1 h.
Registrar	And IIValla IVal

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Physician, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. first line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman. Compositor, Architect, (6) Automobile factory. The material Locomofire 6 cngineer, Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Mcasles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Exhaustion," Whooping approved by Committee on Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," peritonacum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, cough; " "Marasmus, " "Old Age, " "Shock," or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Nomenclature etc., of

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PLACE OF DEATH

C	County Dorchester	CERTIFICATE OF DEATH
Villa	ge or City Dirielville (No.	Registration Dist. No. // St.: Ward) a hospital or institu
	2FULL NAME Charles W. E	tion, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	rale, Color or RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED Undowie (Write the word)	16 DATE OF DEATH OW: 26", 1930
	of oret date unknown, 1, 1	that last saw h/N/alive on 192 192 192 192 192 192 192 192 192 192
7 AC	ge   If LESS than   day hrs. or min.?	and that death occurred on the date stated above, at 6.30 - m  The CAUSE OF DEATH * was as follows:
pa (b bu wl	Trade, profession or tricular kind of work  ) General nature of industry usiness, or establishment in hich employed or (employer)  IRTHPLACE (State or country)	Contributory Secondary Therefore the secondary
ENTS	10 NAME OF FATHER HENRY COVALLY  11 BIRTHPLACE OF FATHER (State or country)	(Signed)
PAR	12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the State yrs mos. ds.
14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence
	(Address) Ruoderdale Jud R. F. T.	Coherry Md. Constery afr. 29", 1930
15	Filed gril 29 1930 Robert L Hashings	20 UNDERTAKERE ) Sou, Dederalsburg
	If more bianks are needed, address State Registrar	r, 10 W. Saratoga St., Balto., Requesting V. S. No. 1.

04220

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rc. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Serund, Cook, ployed, as Al school, or Al home. Care should be taken work, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a yrs). Farm laborer, without more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The inaterial For persons who have no occupation Laborer-Coal mine, etc. Womsingle word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL scplicacemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasins); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, taken. FOR VIOLENT DEATHS State MEANS OF INJURY Whooping cough; American Medical Association. Examples: Accidental drowning; Struck by railway troin— "Atrophy." "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic Example: Measles (disease valvular heart disease; etc. The contributory

approved by Committee on Nomenclature of the American Medical Association.

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V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully emreport specifically the occupations of persons enfirst line will be sufficient, e.g., Farmer or Planter, Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," ("Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping cough; American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic Example: Measles (disease etc. The contributory valvular heart disease;

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PLACE OF DEATH

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tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dept" Physician, Compositor, Architect, Locomolive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation without more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Whooping colon; Chronic Chronic interstitial nephritis, American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.) "Dropsy" 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perimaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature

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PLACE OF DEATH	12378 STATE OF MARYLAND
County Lorchaster	CERTIFICATE OF DEATH
THE COLORS IN A STREET OF THE STREET	Registration Dist. No. // 6
Village or City ambrida (No.	A St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Ruchel K	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS $\nu$	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WILLOWED THE DIVORCED THE MARRIED THE MA	16 DATE OF DEATH  (Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
mar 5 1904	CCV / 15 1920 . to (CCT 2.6 . 1920.
(Month) (Day) (Year)	that I last saw her alive on lack 19 1220.
2 Gyrs. 6 mos. 21 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or House Wark	I yfford Dever
(b) General nature of industry business, or establishment in	(Duration) # yre # mos 15 de
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF 1	Durstion yes mos ds
FATHER Mi Shiroto Vield	(Signed) (Address) (Authority) M. D
OF FATHER	educa the Disease Couring Douth on in douthe room
OF FATHER (State or country)  12 MAIDEN N MS	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER CONCU	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds, Stateyrsmesds
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
B. C. C. C. T. C. C.	Former or Ausual residence
(Informant) Walking to It	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Dans Guarder	Call Town och 18 3
0 2 2 2 1 2 1 1	20 NOBERTAKER ADDRESS /

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully emlaborer, Form laborer, Loborer—cont mine, etc. wour-en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Coak to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Houscwife, House-Foreman, For many occupations a single word or term on yrs). Form laborer, Loborer-Coul mine, etc. without more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the mill; (a) Salcsman. (b) Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphual fever (the only definite synonym is "Fpidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup""; Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) Recommendations on statement of cause of stated unless important. Example: Measles (disease inges, perilonaeum, etc., Corcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicacmia," "PUERPERAL peritonihis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Debility" ("Congenital," (secondary Whooping approved by as fracture of skull, and consequences (e.g., sepsis occident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway troinand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; or intercurrent) affection need Committee on Nomenclature "Heart failure," "Haemorrhage, Chronie valvular heart diseose; etc. The contributory not be

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N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, LYSI-CIAN'S should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact CORD WITH UNFADING INK--THIS IS PERMANENT MARGIN RESERVED FOR BINDING V S No. 1

County Dunhalm	01534 STATE OF MARYLAND CERTIFICATE OF DEATH
County Co	(82) Registration Dist. No. //
Village or City Amhala M (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
June 20, 1888	that I last saw halive on, 192,
7 AGE (Month) (Day) (Year)	almit 1) a.
H yrs. 7 mos. 13 ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Inquel-warveel
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary  Durstion)  From mos Andrew
10 NAME OF Thomas Lithrigh	(Signed) Type III, M. D.
OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homboldal.
OF MOTHER Ann William	13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or County)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) Ang Grant Manhours	Former or usual residence
(Informant) Ms Grand Monthly Mary	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL THE 1930
File Fel 12 19330 Eskeloff Registral	20 UNDERTAKER Albangh Cambridg ho
If more b.anks are needed, addre.s Ltate Negistr	ar, 16 W. Saratoga St., Balto., Legesting V. S. No. 1.

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "IIaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Always qualify all Whooping cough; tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For violent deaths state means of injuly approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory not be

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YSI-Exact

PLACE OF DEATH	12882 STATE OF MARYLAND
County County	CERTIFICATE OF DEATH
	Registration Dist. No. // 4
Village or City Free (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX  4 COLOR OR RACE  5 SINGLE.  MARRIED.  WIDOWED.  OR DIVORCED  (Write the word)	(Month) (Year)
McL. / 2 , 193 c (Month) (Day) (Year)	192 to , 192 that I last saw halive on, 192,
7 AGE Stillbru   If LESS than I day hrs. mos. ds. or min.?	
B OCCUPATION (a) Trade, profession or particular kind of work	Stellborn
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yts, ds
9 BIRTHPLACE (State or country)	Secondary (Durstion) yrsmosds
10 NAME OF FATHER Tu Toured	(Signed) M. D. M.
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, er, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jselin Jeffhug	IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos ds. Where was disease contracted,
(Informant)	if not at place of death?  Former or usual residence.
(Address) Jacobse	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mar 13, 193.
Filed Mar 13 19230 Mrs 74 J. Carich	George Pritchett Takesvill
If more hanks are needed addre s State Registra	r. 16 W. Saratoga St., Balto,, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that i.e. may be indicated thus; Farmer (re-tired 6 yrs., For persons who have no occupation state occupation at reliang of them. If retired from should be used only vi in recded. As examples: (a) additional line is provided for the latter statement; it sary to know a the kind of work and also (b) the cupation is very important, so that the relative health-fulness of various pursuits can be known. The queswhatever write wine Housewald etc. If the compation has been changed definite salary . may be entered as Hou ewife, House-work, or At Hone and children, not gainfully emen at home, who are excused in the duties of the er," etc., Spinner, (b) Color will: (a) Salaman, (b) Grocery; (a) Foreman, (b) An include factory. The material worked on may form part of the second statement. Never return "Labrer". "Forman." "Manager." "Pealcases, especially in industrial employments, it is neces-Statement of Occupation - Precise statement of ocor given up on account of the DISEALE CAUSING DEATH, to report speciesly the compations of ployed as At. chook, and home. Cure should be taken household only not raid Housteepers who receive a nature of the business or industry, and therefore an Physician, Com, osior, the first line will be sufficient, e. s., Farmer or Planter, tion applies to each and every prson, irrespective of "ngincer, For many occupations a single word or term on without the precie specification as Day Locomolic engineer, But in many persons en-

Statement of Cause of Death Name, first, the Discension of Cause of Death Name, first, the Discension of Cause of Death Name, first, the Discension of Cause of Cause of the State of Cause of C

American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Sanile," etc.), "Drcpsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); approved (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary Whooping cough; "Atrophy," "Collapse." "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature of the or intercurrent) affection need not be Chronic etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

up date of book

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Collon mill; (a) Salesman. (b) Groccyy. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (o) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as *Doy laborer*, Farm loborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servanl, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on Stationary firemon, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid Joser (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonoeum, etc., Corcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid stated unless important. use of "Tumor" for malignant neoplasms); Measles; totanus) may be stated under the head of "contributory." "PUERPERAL seplieaemia," "PUERPERAL perilonilis," clc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all " Uraemia, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicidc. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-American Medical Association.) approved by Committee on (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-" "Weakness," etc., when a definite disease or intercurrent) affection need not be ass important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4							
ق کال	Count	LACE OF DEATH			12379	STATE OF CERTIFICATI	
% ×	.		1		93)	Registration	Dist. No. // 6
DRD EXACTLY, F	N	2FULL NAME	Jun (No.	m. Fl	vuro	St: Ward	(If death occurred is a hospital or institu- tion, give its NAME in stead of street and number.)
NT	PE PE	RSONAL AND STATE	STICAL PARTIC	ULARS	MEDIC	CAL CERTIFICATE	OF DEATH
NE NE	3 SEX	4 COLOR OR RAC	5 SINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the wor	D	16 DATE OF DEATH	(Nonth)	(Day) (Year)
PERMA	6 DATE	F BIRTH			17 I HEREB	Y CERTIFY, That I at	tended the deceased from
m a w	7 AGE	(Moj	3 2 0 (Day)	, 1.f.5.f. (Year)	that I last saw h	192 to	F. 5 , 193.7.
FO IS	7 AGE	7		If LESS than I day hrs.		rred on the date state TH * was as follows:	d above, atm
THIS	net in the second	/ 2 yrs. /	mos. / 7_d	s. ormin.?	The CAOSE OF BEA	7	
A I in s		ATION de, profession or ar kind of work	Parsio	A >	acuts C	I saw him	atolim.
S Z ÷	(b) Ger	eral nature of industry	Venderberry		Deed were	o a an ann	
RE NG refu	busines which	s, or establishment in mployed or (employer)	****		Contributory U	Talv. Hent D	yrs,ds
ADI	which of state	LACE or country)	12 same		Secondary	(Duration)	
MARC UNF,	10 N	THER During	Howa	is.	(Signed)	(Address) Can	eff M. D. M. D. While M. D.
TI	0	FATHER State or country)	nl.		*State the Violent Causes, Accidental, Suicida	Disease Causing Death state (1) Means of I	, or, in deaths from njury and (2) Whether
nat	12 M	MOTHER IN	known		18 LENGTH OF R	ESIDENCE (For Hosp	itals, Institutions, Trans
aLy inform	13 B	RTHPLACE MOTHER State or Country)	nl		At place of deathyrs	mosds. In th	iteyrsmosdi
T of	TO 14 THE A	BOVE IS TRUE TO THE B	EST OF MY KNOW	LEDGE	if not at place of de	ath?	
	O to	ormant) Mis n	r Mann D	Langrall	usual residence	AL OR REMOVAL	DATE OF BURIAL
I MAN	stateme	(Address)	mhy	MI	Comp	who had	art 9, 1930
No. 1	Filed	Oct. 8 , 1930	Elle.	olf	20 UNDERTAKER	hlow	Canle de Ma

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," ete., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Furmer or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material Locomolive engineer, (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonilis," etc. diseases can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," American Medical Association.) Lecammendations on statement of cause of "Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; "Heart failure," "Haemorrhage, ('hronic " "Coma," "Convulsions, The nature of the injury, etc. The contributory valvular heart disease;

If the certificate is looked over thoroughly and all questions a swered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

	OF DEATH		TATE OF I
County Do	rchester	76)	Registration 1
Village or City	Cambridge (No. Egstern Shor	e State Hospital s	St.:Ward)
2FUI	L NAME S. Harry Gerald		**************************************
PERSON	NAL AND STATISTICAL PARTICULARS	MEDICAL C	ERTIFICATE
3 sex Male	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Married	16 DATE OF DÉATH	
6 DATE OF BIR			TIFY, That I att
	Unknown , 1 57 4 (Month) (Day) (Year)	that I last saw h im_aliv	
7 AGE	46 yrs. Unbergurds or min.?	The CAUSE OF DEATH *	was as follows:
business, or e	ature of industry stablishment in ed or (employer) untry) Mary land	About 2 years  Contributory Secondary	(Duration)
10 NAME C	F William Gerald	(Signed) loft a	1 }
OF FATH	ACE	*State the Disease Violent Causes, state ( Accidental, Suicidal or Ho	
OF MOTE		18 LINGTH OF RESIDE	
13 BIRTHP	ACE	At place Since June of death	NCE (For Hospi
			NCE (For Hosp its)
14 THE ABOVE	IER	Where was disease contracted it not at place of dea h?	NCE (For Hosp ts) 18 1925 th Unknown
	Country) Maryland	Where was disease contracted if not at place of dea h? Former or usual residence	NCE (For Hospits) 18. 1928 the
(Informant	Country) Maryland IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted if not at place of deah? Former or usual residence	NCE (For Hospite)  18, 1925 th  Unknown  eld, Maryla

6388

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

ambridge (No. Esstern Shore	e State Hospital St.: Ward)  (If d-ath occurred in a hospitul or institution, give its NAME instead of street and number.)
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED. OR DIVORCED Married (Write the word)	January 7, , 19230 (Month) (Day) (Year)
Unknown , 1 57 4	June 18th 192 8, to January 7 , 1930 , that I last saw h im alive on January 7 , 1930 ,
6 yrs. Unbounds or min.?	and that death occurred on the date stated above, at 9:20 Pam. The CAUSE OF DEATH * was as follows: General paresis
ssion or  If work Waterman  re of industry  olishment in  or (employer)	About 2 years (Duration) yrs. mos. ds.
Maryland William Gerald	Contributory Secondary  (Durstion)  (Signed)  (Signed)  (Address)  (Durstion)  (Signed)  (Address)  (Address)
untry) Maryland  Maryland  Isabelle Sterling	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LINGTH OF RISIDENCE (For Hospitals, Institutions, Trans-
untry) Maryland	ients or Recent Residents) At place Since June 18, 1925 the of death
E.S.S.Hospital Record  D.Cambridge, Md.  S. 1930 SELVY	Where was disease contracted, unknown in our place of dea h?  Former or usual residence. Crisfield, Maryland  19 PLACE OF BURIAN OR REMOVAN  20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER
/ // Registras	olus O Pracelehan Crifuld Her & W. Saratoga St., Balto., Lequesting V. S. No. 1.

S No 1

N. B .-- Every item

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quessary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e.g., Farmer or Planter, en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Locomolive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

> approved by Committee on Nomenclature st\_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Scnile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, Whooping cough; American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic etc. The contributory valvular Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 7.7

(If death occurred in

a hospital or institulon, give its NAME instend of street and

number.)

MEDICAL CERTIFICATE OF DEATH HEREBY CERTIFY. That I attended the deceased from and that death occurred on the date stated above, (Duration) ......yre.....moe.... ite the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

U mere blanks are needed, address State Registrar. 16 W. Saratoga St., Balto, Requesting V. S.

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fuiness of various pursuits can be known. The quescupation is very important, so that the relative healthworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it E..ture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occ. pations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (l) Crocery; tweed 6 year.). For persons who have no occupation I usiness, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed whatever, write None. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on But in many

Etacoment of Cause of Death—Name, first, the Distance Causino Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pueumonia."); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; myes, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentrain-acoident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under "Puerperal sopticaemia," "Puerperal peritoritie," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticu," "Heart failure," "Haemorvuisions," symptomatic), "Atrophy," "Collapse," "Coma," "Con-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; ...... (name origin; "Cancer" is less definite; avoid head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skuil, and conse Poisoned by carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on FOR VIOLENT DEATHS STATE MILANS OF INJUNE "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-The na-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, LYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUL FION is very important, See instructions on back of certificate. WITH UNFADING INK--THIS IS A PERMANENT BINDING MARGIN RESERVED FOR V S No. 1

PLACE OF DEATH	07964 STATE OF MARYLAND CERTIFICATE OF DEATH
J	Registration Dist. No. //6
Village or City 100. Se	St.: Ward)  (If d-ath occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH July 100 (Year) (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  1900 to 1900,  that 1 sectors have alive on 1900,
7 AGE  7 AGE  1 If LESS there 1 day hrs or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Cerebroe Hacmorkay
business, or establishment in which employed or (employer)	(Duration) yrs. mos ds,
10 NAME OF FATHER HE SELECTION	(Signed) (Duration) yrs mos ds.
UN TILEIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother / Change Octave March 13 BIRTHPLACE OF MOTHER OF MOTHER	10 LINGTH OF RISIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrs
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?  Former or usual residence
(Informant) (Address) C. A. i. They	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 7/73/120
15 Filederly 21 100 EEWolff Refeistras	20 UNDERTAKER
If more b.anks are needed, addre.s tate Kegistre	ar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specimenal laborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housestate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Doy (6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Annemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia, " "Weakness," etc., when a definite disease approved by Committee on Nomenclature (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJU.Y Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

is very important.

NO

N. B.

XX	<sup>1</sup> PLACE OF DEATH
Exao (	
	County Dorchester

STATE OF MARYLAND CERTIFICATE OF DEATH

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3	١,	٠,	-	P		

Registration Dist. No.

V	illage or City Galastown (No	St.: Ward	(If death occurred in a hospital or Institution, give its NAME is stead of street an number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
	Male White Single, Married, Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH NOV (Month)	
6	Aug. 25 , 1.930 (Month) (Day) (Year)	that I last saw h salive on Hov	tended the deceased from
	AGE    Standard   Stan	and that death occurred on the date state. The CAUSE OF DEATH * was as follows:	d above, at
3	(a) Trade, profession or particular kind of work	(Duration)	yrs. mos 4 de
5	State or country)	Contributory Secondary	
	10 NAME OF FATHER NORMAN L. Gootee	(Signed) 7-5- Kuhlen	A. D. D.
SHU		*State the Disease Causing Death, Violent Causes, state (1) Means of in	or, in deaths from
PARE	of Mother Addie P. Eskridge	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospi	tais, Institutions, Trans
	13 BIRTHPLACE OF MOTHER (State or Country) Md	At place of deathyrsmosds. In the	e tedı
4	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?	78878788 - 7 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0
	(Informant)   Norman L. Gootee	Former or usual residence	######################################
-	(Address) Oak Grove , Del.	Sharptown	NOV 9, 19390
5	Filed For gt 1920 m Hastugs Registrar	W.D.Gravenor & Bro	ADDRESS Sharptown

If more branks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton nill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of tired 6 yrs). definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write Nonc. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid

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Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealgaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and children, Farm laborer, without more precise specification as Day For persons who have no occupation If the occupation has been changed Laborer--Coal minc, etc. not gainfully em-(b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL pertionitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephrilis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n. ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condi-(secondar/ or intercurrent) affection need not be as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of name origin; "Cancer" is less definite; avoid cough; Chronic etc. valvular heart The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. // 1 stated EXACTL properly classifi Ward) If death occurred in hospital or lustituion, give its NAME in-...amber.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE, pe MARKIED. WIDOWED WEROUGH may should OR DIVORCED (Write the word) HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that O (Month) (Dar) (Tear) and that death occurred on the date stated above, 7 AGE If LESS than pplied I day ... hrs. terms 99 8 OCCUPATION (a) Trade, profession or S particular kind of work..... plain (b) General nature of industry business, or establishment in ....(Duration) ......yrs......mos...... L which employed or (employer)..... Contributory I 9 BIRTHPLACE C Secondary (State or country) 4 (Duration) .....yrs. .....mos.... MARGIN DE OF D 10 NAME OF FATHER (0) 11 BIRTHPLACE 비교 FNH \*State the Dilease Causing Death, or, in deaths from 500 OF PATHER Violent Causes, state (1) Means of Injury: and (2) whether (State or country) Accidental, Suicidal or I'omicidal 0 12 MAIDEN NAME nforma 4 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) sta 13 BIRTHPLACE At place of death .... yrs. mos. ... da, In the OF MOTHER State, .....yrs. ..... mos. 0 (State or country 0 Where was disease contracted, shoul if not at place of death? ... Every item CIANS shou statement of Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS " more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Registing

#### CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician. Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plantor, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from ployed, as Al \*chool or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; Civil engineer, Stationary firemen, etc. But in many whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrwant, Cook to report specifically the occupations of persons cndefinite salary), may be entered as Housewife, House-(a) Foreman, (b) Automobile factory. Statement of Occupation - Precise statement of oc-For many occupations a single word or term on The material

Typhoid fever (never report "Typhoid pneumunia") spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia," Statement of Cause of Death-Name, first, the bis-

> nuges, peritonacum, etc., Curcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid symptomatie), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Mcastes; unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under "Puerperal septicucmia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inunition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) Never report mere symptoms or terminal Example: Meastes (disease (Recommendations on state-(second-(merely

tions answered in detail, it will prevent further correspond. the certificate is permanently filed. If this certificate is looked over thoroughly and all quesall the data is essential and must be obtained before

6. S. No. 1

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2

PLACE OF DEATH	04222 STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 1/6
Village or City Cambri of (No. 100)	St.: Ward) (If death occurred in a hospital er institu-
2FULL NAME access K. Go	stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Offil 1, 1920 (Year)
G DATE OF BIRTH Gelevy 19 1868	I HEREBY CERTIFY, That I attended the decessed from
(Month) (Oay) (Year)	and that death occurred on the date stated above, at
7 AGE    State   Control of the cont	
(a) Trade, profession or	Carcinomal of any Meri
particular kind of work (b) General nature of industry	Immung "
business, or establishment in which employed or (employer)	(Duration)yrs
9 BIRTHPLACE (State or country)  Many  (State or country)	Contributory Secondary
10 NAME OF PATHER Q. Bornest	(Signed) (A) Camba M. D.
OF FATHER  (State of country)  (State of country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Hemicidal.
OF MOTHER Sarah Keek	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	ienta er Recent Residents)  At place In the of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence
(Info: mant) (Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Carecles 13 36
Filed Ofr. 13 1921 SRWolff Registras	20 UNDESTAGER AFOREST AFOREST M
If more banks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Coak ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Nanager," "Poul-Spinner, (b) Cotton mill; (a) Salesman. (b) Gravery; (a) Foreman, (b) Automobile factory. The insterial should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully without more precise specification as For persons who have no occupation Locomotive engineer, But in many

..obar pneumonia, Bronchopneumonia ("Pneumonia, spinal meningitis"); Diphtheria (avoid use of "Croup ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-MASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pis-Typhoid fever (never report "Typhoid Pneumonia (the only definite synonym is "Epidemic cerebro-

> American Medical Association.) (Recommendations on statement of cause of tctanus) may be stated under the head of "contributory carbolic acid-probably suncide. The nature of the injury, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Wcakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, perilonaeum, etc., approved by Committee on Nomenclature accident; Revolver wound of head -homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepses, Examples: Accidental drowning; Struck by railway train ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," resulting from childbirth or miscarriage or intercurrent) affection need not be Chronic e. Carcinoma, valvulur heart The contributory Sarcoma,, etc., of disease;

answered in detail, it will prevent further correspondence. A 1 the data is essential and must be obtained before the certificate in If this certificate is looked over thoroughly and all questions

permanently filed.

N. B.--Every item of information should be carefully supplied. Act should be stated EXACTLY, P. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. MARGIN RESERVED FOR BINDING

	PLACE OF DEATH	09172 STATE OF MARYLAND
/	County Darehester	CERTIFICATE OF DEATH
100	WENDENATE LIWITS OF	Registration Dist. No. 1/6
Vil	lage or City Cambridge No. 312 2FULL NAME Chinic Martin	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Whatestoo	2FULL NAME CENTRO // WWW	Author.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, Wiltow (Write the word)	16 DATE OF DEATH Gug VV, 1930 (Month) (Day) (Year)
6 1	OATE OF BIRTH Och 22 , 1850 (Month) (Day) (Year)	that I last saw h alive on 192.
7 /	AGE [If LESS than	and that death occurred on the date stated above, at W307m.
	79 me 20 de or min 2	The CAUSE OF DEATH * was as follows:
_	, , , , , , , , , , , , , , , , , , ,	Cardina partial
(	a) Trade, profession or	Car accertor of accertains
250	particular kind of work	(1/mm and)
b	b) General nature of industry pusiness, or establishment in	(Duration) yrs. mos ds.
v	which employed or (employer)	Contributory
9 [	(State or country) Dorobeater Manylan	Secondary
-	10 NAME OF O A May 21	
	FATHER HAD Wim Wallace branka	(Signed) N. D.
S	11 BIRTHPLACE	1927 (Address) Coccoo 4 (1777)
ENT	OF FATHER (State or country) MA	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
AR	12 MAIDEN NAME POR MOTHER ( A CAR A CARLES)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
0	13 BIRTHPLACE	ients or Recent Residents) At place In the
	OF MOTHER (State of Country)	of deathyrsmos,ds. Stateyrsmosds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
TA THE ABOVE IS TRUE TO THE BEST OF MIT MITOLOGY		Former or usual residence
	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) July Long		Church breek Aug. 25th, 1030.
964	- Cympast	20 UN DERTAKER ADDRESS
15	Filed 825 1980 TIN Marchettas	It. He. Itellie Voro. Cambridge no
-	If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, especially in industrial employments, it is neces-For many occupations a single word or term on or At Home, and children, not gainfully em-Form laborer, Loboreryrs). know (a) the kind of work and also (b) the (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation -Coal mine, etc. But in many (b) Grocery Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: "erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, perilonaeum, etc., Corcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicocmia," "PUERPERAL perilonilis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease (secondar, or intercurrent) affection need Chronie interstitial nephrilis, etc. Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was underdiseases can be ascertained as the cause. as fracture of skull, and consequences (e.g., sepsis, (Recommendations on statement of cause of American, Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; by Committee on Chronic valvular heori Nomenclature The contributory Always qualify all not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be distained before the certificate is permanently filed.

BUREAU

Exact N. B.--Every item of information should be carefully supplied. Ace should be stated EXACTLY, a CIANS should state. CAUSE OF DEATH in plain terms so that it may be properly classified. statement of OCCUA. PERMANENT BINDING FOR WITH UNFADING INK--THIS IS MARGIN RESERVED V. S. No. 1

PLACE OF DEATH  County Double	STATE OF MARYLAND CERTIFICATE OF DEATH		
SII on little	Registration Dist. No.		
Village or City Elletta dalund (No.	St.: Ward) (If death occurred in a hospital or institu-		
2 FULL NAME Ins Martha			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 2 (Month) (Day) (Year)		
6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw harfalive on Dec 26, 1970,		
7 AGE  7 b yrs. 2 mos. / 3 ds. or min.?	and that death occurred on the date stated above, at 7		
(a) Trade, profession or particular kind of work	apaley a		
b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrs,mosds,		
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration) yrs		
10 NAME OF FATHER John Evil:	(Signed) M. D.		
OF FATHER (State or country)	*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
of MOTHER Rhope Daytin	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)		
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?		
(Informant) Kumie Mayr'	Former or usual residence		
(Address) Elline Sund Mari	19 PLOSE OF BURIAL OR REMOVAL DATE OF BURIAL DULL, 1983		
Filed 2 193 192 Felward & - Landen Local Registrar	20 UNDERTAKER & Albangh Cambriles mel.		
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrumit, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—coal minc, even women at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (see Housenwid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) without more precise specification as Day For persons who have no occupation (b) Automobile foctory. The material Salesman. (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accented term for the same disease. Examples: Corobrospiral fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

1930 19-04

Telahus) may be stated under the head of "contributory." (Recommendations on statement of cause of American Medical Association.) stated unless important. Example: Measles (disease inges, perilonoeum, etc., Corcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Meosles; as fracture of skull, and consequences (e. g., sepsis diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephrilis, Whooping rarbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. "Exhaustion," Examples: Accidental drowning; Struck by railway troinand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on "Heart failure," "Haemorrhage," Chronic etc. The contributory valvular heart diseose; Nomenclature Always qualify all "Haemorrhage, not be

If this certificate is looked over thoroughly and all questions hanswered in detail, it will prevent further correspondence. All the clata is essential and must be obtained before the certificate is permanently filed

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<sup>2</sup> FULL NAM	E Ü	riah	Wesley
PERSONAL AN	STATISTIC	AL PART	ICULARS
	N ON MAGE	SINGLE, MARRIED, WIDOWED OR DIVOR (Write the	Single CED word)
DATE OF BIRTH	distinct projections to project the second s		
***************************************	Februar	•	
	(Month)	(Day	
			IIf LESS tha
			I day hr
CCUPATION a) Trade, profession of articular kind of work b) General nature of incurrence of incurren	or Oyste ndustry ent in		l day hre
AGE  CCUPATION  a) Trade, profession of sarticular kind of work  b) General nature of sousiness, or establishm which employed or (em  BIRTHPLACE (State or country)	or Oyste ndustry ent in ployer)	rman.	l day hrade or min.
DECCUPATION a) Trade, profession of sarticular kind of work b) General nature of susiness, or establishm which employed or (em	or Oyste ndustry ent in ployer)		l day hrade or min.
DECUPATION (a) Trade, profession of conticular kind of work (b) General nature of cousiness, or establishm which employed or (employed or (employed or country)	or Oyate ndustry ent in ployer)	rman.	l day hrade or min.
CCCUPATION (a) Trade, profession of particular kind of work (b) General nature of pusiness, or establishme which employed or (employed or (employed or country)  10 NAME OF	Oystendustry ent in ployer)  Uriah	RYI	l day hrade or min.
DECUPATION a) Trade, profession of carticular kind of work b) General nature of cusiness, or establishm which employed or (employed or (employed or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER	Oystendustry ent in ployer)  Uriah	RYI	I day hred or min.  (Tonger.)

#### 04223 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 112.

(of a)

St.: Ward)

(if death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH							
April 18th., 1930, 192							
(Month) (Day) (Year)							
TAPR 14 193092 to APR 16 1930, 192 that I last saw h1m alive on APR 16 1930, 192 ,							
and that death occurred on the date stated above, at 3 A. m.							
The CAUSE OF DEATH * was as follows: Acute Lobar Pneumonia.							
·Chronic Interesitial Nephritis.							
······································							
1. (Durstion) yrs. mos 10 ds.							
Contributory Secondary							
(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Many, years ds. M. D. APRI 8.192, 3(Address)							
*State the Disease Causing Death, er, in deaths from Violent Causes, state (1) Menns of Injury and (2) Whether Accidental, Suicidal or Homicidal.							
B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)							
At place In the 5t death yrsds. 5tateyrsds.							
Where was disease contracted, f not at place of death?							
Former or usual residence							
9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL							
Elliott's, Md. April 20", 1930.							
20 UNDERTAKER ADDRESS							
Villoughby & Son, E. Na Market,							

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Farm laborer. Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocetc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The materia (b) Grocery,

Strtement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease accident; Revolver wound of head-homicide; Poisoned by stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death (secondary "Atrophy," "Collapse," "Come," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact

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PLACE OF DEATH  County Dor. Co. Md  Village or City Cauchy (No. D)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. // St.: Ward) (If death occurred in a hospital or institution, give its NAME 11-stead of street and
2FULL NAME COXY / 100	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE SINGLE.  MARRIED, WIDOWED.  OR DIVORGED  (Write the word)	16 DATE OF DEATH (Ugust 1950 Mionth) (Dsy) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Dec 6 1470	hut et all 192 . to, 192 ,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE    If LESS than   I day hrs.   or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Cornary Scherois - fond Seal
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsds,
9 BIRTHPLACE (State or country) Dor Co., Mil	Contributory Secondary (Duration)yrsds.
10 NAME OF Audrew Counfer	(Signed) Edwarf & R. M. D. Lung / 8 1920 (Address) Canada Ope. Inf
of FATHER (State or country) Doc Co, Mil	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
C 12 MAIDEN NAME  OF MOTHER	13 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Or Co, Mcd.	ients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) Mattie green	Former or usual residence
15 Filed any, 19 1920 Elwoff Registras	29 UNDERTAKER COMBONIES MA
If more banks are needed, addre s tate hegistra	, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when necded. As examples: (a) tion applies to e:ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womstate occupation at beginning of illness. If retired from to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. For many occupations a single word or term on yrs). For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosi inal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," use of "Tumor" for malignant neoplasms); Mcasles; ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic valvular heart disease; etc. The contributory

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No. 1

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N. B.

HYSI-Exact

PLACE OF DEATH	STATE OF MARYLAND
County Drochester	CERTIFICATE OF DEATH
	Registration Dist. No. //C
Village or City Comin of (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Poertie May 2	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temple Whith Single, Married, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Opil. 12 , 1930 (Month) (Day) (Year)
Shay 25, 1882	17 RI HEREBY CERTIFY, That I attended the deceased from 27 1927 to april 12 , 1931.
(Month) (Day) (Year)	that I last saw h u alive on April 12, 1921,
7 AGE  If LESS than I day hrs. or min.?  de. or min.?	TI CAUSE OF DEATH .
(a) Trade, profession or Housemfe & Seamstress	Vyglerid Ferr
(State or country)  (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos. 7 de.  Contributory Purulant Runningative Secondary
10 NAME OF Those Thomas	(Signed) Standing M. D.  (Signed) (Address) Canalinage 200
II BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME O A	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Ida Zorlin	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
(Informant) Mr. Ollia Zriffith	if not at place of dea.h?  Former or usual residence
(Address) · Rhrades Isle, Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PROVINCEN Lad apr. 15-, 1930
15 Filed apr. 12 1980 E Elvalf Registras	Fravenor Pros Sharfton, mo
	16 W Santage St. Balta Properties V S No. 1

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(Approved by U. S. Census and American Public Health Association.)

er," etc., William ... Laborer Coal man, laborer, Farm laborer, Laborer Coal man, at home, who are engaged in the duties of the at home, who are engaged in the duties of the area. fulness of various pursuits can he known. The ques-Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planler, For many occupations a single word or term on yrs). For persons who have no occupation know (a) the kind of work and also (b) the Stationary fireman, etc. But in many Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerehrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"Dehility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonilis," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid - probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The contributory affection need valvular heart disease; Nomenclature of the not be

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PLACE OF DEATH	15480 STATE OF MARYLAND
County Dorchester	CERTIFICATE OF DEATH
	Registration Dist. No. 16
WITHIN BORPORATE LIMITOYAL	1100
Village or City Cambridge (No. )	St.: Ward) a hospital or institu-
2FULL NAME Mary G. Gre	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL FARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
WIDOWED. ILdow	, 192
Remale (Write the word)	May (Month) 5 7 (Day) (930(Year)
6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That I attended the deceased from
July 24 1842	Up 26 1930. to may 75, 186.
(Month) (Day) (Year)	that I last saw have alive on way, 1920,
7 AGE      If LESS than	and that death occurred on the date stated above, atm.
1 dayhrs.	The CAUSE OF DEATH * was as follows:
8 8 yrs. 9 mos. 2 ds. or min.?	
8 OCCUPATION (a) Irade, profession or	Hear ducar
particular kind of work	***************************************
(b) General nature of industry	(Duration) yrs. mos. ds.
which employed or (employer)	4 10 g
9 BIRTHPLACE 4	Contributory Secondary
(State or country) Manyland	(Duration)yremosds.
10 NAME OF FATHER	(Signed) & C Stakes M. D.
com vivara	may 1 1900 (Address) Calmiricella mu
M 11 BIRTHPLACE	
Z (State or country) Maryland	*State the lisease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Menel Who They	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a soquing portary	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place in the state yrs. mos. ds. State yrs. mos. ds.
(State or Country) Mangland	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
Poly to the Greenwell	usual residence
(Informant) Robert 16. Municipal	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Cambridge Md.	Cambridge Md May 9. 1030
15 178 13 AN MULAIS	20 UN DERTAKER
Filed Registra:	V. 74. Helles VI Ino. Cambridge Med
If more b.anks are needed, addre.s : tate Registra	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cl fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Ilousewije, Ilouseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day As examples: (a) (b) Grocery

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

> atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Inaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Committee on Nomenclature of the Chronic valvular heart disease; nephritis, etc. The contributory affection need not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1

S. No. 1

PLAC	E	OF	DEA.	гн
County	D	orc)	nest	er

Cambridge

(No. E.S.S. Hospital

STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)

Registration Dist. No.

(If death occurred in a hospital or institu-

tion, give its NAME in-stead of street and

number.)

	<sup>2</sup> FULL	NAME		Wil	lian	n.H.	. Guthri
	PERSONA	L AND	STATIST	ICAL	PART	ICU	LARS
S	EX 4	COLOR	R OR RACE 5 SINGLE, MARRIED, WIDOWED,				
M	ale	Whit	е	(Wri	te the	word )	Marri ed
D	ATE OF BIRTH	4					
			Unkn (Month)		(Day	)	., 1.860 (Year)
A	GE						If LESS than
		71 yr	·s.	mos.		ds.	or min.?
p	CCUPATION  () Trade, profesticular kind  () General natu	of work	dustry	******		Fai	rmer
p (b	) Trade, profesticular kind	of work are of in blishmer or (emp	ndustry nt in loyer)		arme:	r	
p (b	<ul> <li>Trade, profesticular kind</li> <li>General natusiness, or establich employed</li> <li>IRTHPLACE (State or count</li> </ul>	of work are of in blishmer or (emp	dustry			r	
p (b	n) Trade, profesticular kind o) General natusiness, or esta hich employed	of work are of in blishmer or (emp	ndustry nt in loyer)	ill,		r	
pi (bi w	Trade, profesticular kind of General natusiness, or esta hich employed IRTHPLACE (State or count	of work are of in ablishmen or (emp	snow H	ill,		r	
pi (b bi w B	Trade, profesticular kind of General natusiness, or esta hich employed IRTHPLACE (State or count ID NAME OF FATHER  II BIRTHPLAC OF FATHER	of work, are of in blishmet or (emp	dustry nt in loyer)	ill,	Mary	r	

(Informant) E.S.S. Hospital Records

(Address)

Filed

Cambridge Maryland

MEDICAL CERTIFICATE	OF DEATH
	14, 19230 (Year)
17 I HEREBY CERTIFY, That I att September 26, 19230 to Octo	tended the deceased from
hat I last saw h im alive on October	r 14, 1920,
that death occurred on the data stated The CAUSE OF DEATH * was as follows: Cerebral Arteric	
	.,
(Duration) 5	yrsds.
Contributory	
Signed Charles Fox	yrs. mos ds.
October 14192 30 (Address) Cambri	
State the Disease Causing Death, Violent Causes, state (1) Means of la Accidental, Suicidal or Homicidal.	or, in deaths from njury and (2) Whether
death	30 teyrsmosds.
Where was disease contracted, Worceste f not at place of death?	r County, Md.
Former or snow Hill, Mary	land
Anow Hill Md.	Get. 16th, 1980
DUNDERTAKER	ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (re or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed household only" (not paid Housekeepers who receive a laborer, Foreman, (b) For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer—Coal mine, etc. woundome, who are engaged in the duties of the (b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Automobile factory. The inaterial 6 Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); spinal meningitis"); Diphtheria avoid Pneumonia"); Typhoid fewer (never report "Typhoid Pneumonia,");

stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; "Inanition," "Marasmus," "Utacmia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart tanue," "Old Age," "Shock," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS State MEANS OF INJURY Whooping Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma, Convusion, Allity" ("Congenital," "Senile," etc.), "Dropsy, Allity" ("Heart failure," "Haemorrhage, haustion," "Heart failure," "Shock Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied

B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, A. 181. CIANS should state, CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD PERMANENT BINDING FOR WITH UNFADING INK---THIS IS MARGIN RESERVED €. S. No. 1 × Z

PLACE OF DEATH  County Doschoster	05486 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City East New Market	Registration Diet. No. / / / Ward) (If death occurred in a haspital or institu-
2FULL NAME Wom Thomas H	ackett tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White States, Married, Wildower, Married OR DINORCE	16 DATE OF DEATH  May  (North (Dsy) (Year)
4. 3. 18 4 9 (Month) (Day) (Year)	Sept 6 1929 to May 20th, 1920. that I last saw him alive on May 19th 120.
7 AGE    If LESS than   I day hrs.   de or min.	The state of the s
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	brone interstetial mephritis. curso?
9 BIRTHPLACE (State or country)	Contributory Orlerio Acleros is Secondary and Smility 2 yrs a mos a de
11 BIRTHPLACE OF FATHER OF FATHER OF FATHER	(Signed) & BMarden M.D. May 20 130 (Address) Preston, ned
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER WASLE Grove Indian	*State the Discase Causing Death, or, in destha from Violent Cause, state (1) Means of Injury and (2) whether Accidents!, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	ients or Racent Residents)  At place
(Informant) alton Hackett	if not at place of death? Former or usual residence
(Address) bad New Market	19 GLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ADDRESS  ADDRESS
Filed May 21 192 Mrs. N. 7, Nicols Registral	7.7. Willough & New Market
If more blanks are needed, addross State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., William Laborer, Laborerfulness of various pursuits can be known. The quesen at home, who are engaged in the duties of the should be used only when needed. As examples : (c) Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Collon mill; (a) Salesman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Foreman, to know For many occupations a single word or term on without more precise specification as (b) Automobile factory. The (a) the kind of work and also (b) the Coul mine, etc. Wommaterial Grocery; Day

EASE GAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia. Bronchopneumonia ("Pneumonia.")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, perilonacum, etc., Carcinoma, Sarcomu, approved by Committee on as fracture of skull, and consequences (e.g., scpsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuborculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, cause for which surgical operation was under-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. valvular heart Nomenclature of the The contributory "Haemorrhage, Measter; disease ; etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lthe data is essential and must be obtained before the cartificate is permanently filed.

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B	ORD	EXACTLY, In a last licate.	Vil	lage or City 2FU		etan Ji	J (No	Hac
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BINDING	PERMANE	Et it may	6 0	DATE OF BIR	TH J	me	15	, 1530
D FOR	HIS IS	so the	7 4	.GE	yrs	(Month)	(Day)	(Year)  (If LESS than I day 18 hrs. or min.)
RESERVED	UNFADING INKTHIS	refully sup in plain te	0 (p	occupation a) Trade, pr articular kin b) General n usiness, or e which employ	d of work ature of ind stablishment	ustry in	Von	
MARGIN	FADII	be car EATH impo	9 6	(State or co	intry) 2	no.		
MAR	N	F B		10 NAME O	Fa La	Le /	forher	
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No. 1	(	CIAN State	15	Filed Jun	0 20 19	31 }	no No	Micro

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	St.: Ward)	(If death occurred in a hospital or inetitu- tion, give its NAME ir- stead of street and number.)
-	MEDICAL CERTIFICATE O	F DEATH
	16 DATE OF DEATH	20 , 1930
		(Day) (Year)
	17 9 HEREBY CERTIFY, That I atte	
	that I last saw by alive on Jan	19 193 4
	and that death occurred on the date stated	
	The CAUSE OF DEATH * was as follows:	
	Premations	(7/2 mo)
		1 Fhr
	(Duration)	yrsds.
	Contributory Secondary	
		утвds.
	(Signed) following	M. D.
	June 20 (19) 4 (Address) Cars	iange mi
-	*State the I iscase Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	or, in deaths from any and (2) Whether
-	18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	ls, Institutions, Trans-
	At place In the of deathyrsmosds. State	yrsds.
	Where was disease contracted,	
	Former or usual residence	
	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	E. New Market	Jun 20, 10 30
5.	20 UNDERTAKER	EDDRESS N. P. T

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) approved (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Ezhaustion," "Heart failure," "Ilacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railwoy troin-Whooping cough; Chronic peritonaeum, etc., Corcinomo, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on etc. valvular heart discose; Nomenclature of the The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Downsele	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 1/3
Village or City aylor Lariet /	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Teuch Blic Single, Married, Widow OR DIVORCED (Write the word)	16 DATE OF DEATH NOV   0 , 193 0
Multipur , 1873  (Month) (Day) (Year)	that I last saw hely alive on Alexander 28, 1920.
7 AGE    If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, at m The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	-
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yro Make may 13 de
BIRTHPLACE (State or country) north Caralina  10 NAME OF FATHER Clied Smith	Contributory Secondary  (Gigned) Justion Justin M. D. Communication M. D. Communicatio
OF FATHER  Z  (State or country)  (Caroling	*State the Liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Manuel Lu.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transionts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Starks	if not at place of dea.h?
(Address) Tayloris Isld Md	Tayloro Lela Now 12 19.3
Filed W / a 1980 J. M. Neld Registral	Donald Richarden Church Cies
If more b.anks are needed, address tate Kegistra	r, 16 W. Daratoga St., Daito., Requesting v. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to cuch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, For many occupations a yrs). Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the Salesman. single word or term on Locomotive engineer, As examples: (a) But in many 6 Grocery; Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. approved by ictanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septieacmia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-(secondary Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be ess important. Example: Measles (disease Committee on Chronie valvular heart disease; etc. The contributory Namenclature

If this certificate is looked over theoroughly and all qu stions answered in detail, is will present further correspondence. All the data is essential and must be obtained before the certificate is permanency filed.

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

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PLACE OF DEATH

Elizabeth H

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and St.: Ward) number.)

_	PERSONAL AN	D STATIST	LAL PART	ICULARS
3	male for	or or race	SSINGLE, MARRIED, WIDOWED OR DIVOR (Write the v	CED Ha
6	DATE OF BIRTH	Mar (Month)	ek 7	, 1930 (Year)
7	AGE	yrs. 4	mos. 2	If LESS than I dayhrsds. ormin.?
B	(a) Trade, profession particular kind of wo (b) General nature of business, or establishm which employed or (er	industry ment in	nfan	X
9	BIRTHPLACE (State or country)	ambe	edige	Doe lo
-	10 NAME OF FATHER	Velle	2 70	all

6 DATE OF DEATH	July	(Day)	, 1990
//	(Month)	(Day)	(Year)
17 I HEREBY	CERTIFY That I n	ttended the	deceased from
rot at all f	192 to		, 192
hat I last saw h	alive on		, 192
nd that death occurre	d on the date state	ed above, at	10 A.
The CAUSE OF DEATH			/~
		*******	~~~~~
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-4000000000000000000000000000000000000		************	5 † 0 <b>0</b> 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	(Durstion)	VI8	mosd
	Rickets.		
Contributory Secondary		00.000000000000000000000000000000000000	3 8 8 9 9 4 9 9 8 9 9 9 9 9 9 9 9 9 9 9 9
	150 0 5		1

MEDICAL CERTIFICATE OF DEATH

11 BIRTHPLACE ENTS OF FATHER (State or country) PAR 13 BIRTHPLACE

Accidental, Suicidal or Homicidal. LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

State the I is ase Causing Death, or, in Villent Causes, state (1) Means of Injury and

(State or Country)

OF MOTHER

1.5

At place of death ......yis.......ds.

Where was disease contracted,

it not at place of dea h?...

Former or usual residence.

OF BURIAL

In the

1	20 L
1	
	1
rai	1

deaths from

and (2) Whether

If more banks are needed, addre s tate Registrar, 16 W. Saratoga St., Balto., i.equesting V. S. I.o. 1.

RESERVED pla MARGIN F Di Shou E CF OZ. d etat pinoda CIANS should statement of 6

operly classified certificate.

properly

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BINDING

FOR

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (0) state occupation at beginning of illness. If retired from er," etc., additional line is provided for the latter statement; it Physicium, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At sehool, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b)- Cotton mill; -(a) Salesman. nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed laborer, report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, or For many occupations a single word or term on yrs). Form laborer, At Home, and children, without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Loborer--Coul mine, etc. not gainfully em-(6) Grocery; Wom-

s, inal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same dise.se. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS-Lobar EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E-haustion," "Heart failure," "IIaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. st\_ted unless important. Example: Measles (disease approved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The n-ture of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. causing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of death Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Asso Examples: Aecidental drowning; Struck by railway troin-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Complittee Complition.) Chronic affection need etc. The volvular Nomenclature of the Always qualify all heart disease; contributory not be

data is essential an answered in detail, it permanently filed. If this certificate is



S No. 1 ...

		PLACE OF DEATH	01939 STATE OF MARYLAND
		County Tompany	CERTIFICATE OF DEATH
			Registration Dist. No.
ate.	Vil		St.: Ward) (If d-ath occurred in a hospital or Institu- tion, give its NAME it- stead of street and
ific		2FULL NAME KNOW H	Hall number.)
ns on back of cert		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 5	And 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH # 7 , 190 (Month) (Day) (Year)
	6 0	(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 7 to 192 1 that I last saw h alive on 192 1, 192 1,
nstructio	7 A		and that death occurred on the date stated above, at 5.10 a.m.
Important. Se	p (l	a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)  SIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs. mos ds.
N is very	STN	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)	(Signed) M. D  192 (Address) M. D  *State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
DOM TIO	PAREI	12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER	Accidental, Suicidal or Homicidal.  18 Langth Of Rasidance (For Bospitals, Institutions, Translients or Recent Residents)  At place of deathyrsmosds.
tement of 00	14	(State or Country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)	Where was disease contracted, it not at place of dea h?  Former or usual residence
ete	15	Filedfut. 2th 1930 E Strusgy Registras	20 UNDERTAKER ADDRESS  Krank E. Albaugh Cunlingelind
		If more blanks are needed, address ttate Registrat	r, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Poreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g.. Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocnature of the husiness or industry, and therefore an gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia")

> 1929 VI 1821-11-19 19 1831-11-19 132

unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Haemorrhage,"
"Inadition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomst\_ted unless important. Example: Mcasles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely can be ascertained as the cause. approved by Committee on Nomenclature American Medical Association.) carbolic acid-probably suicide. The nature of the injury agrident; Revolver wound of head-homicide; Poisoned by (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as Chronic valvular heart disease; nephritis, etc. The contributory Always qualify all not be

If this certificate is looked over thoroughly and all questions anawered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

S No 17

#### PLACE OF DEATH

County	Dor	che	ster

GO I SENT TO LOCAL REGISTRAR NO. 116

14223

#### STATE OF MARYLAND CERTIFICATE OF DEATH

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	2FUI	L NAME Seths			e State Hospital St.: Ward) (If d-ath occurred in a hospital or institution, give its NAME is stead of street an number.)	
	PERSON	IAL AND STATISTI	CAL PARTICU	JLARS	MEDICAL CERTIFICATE OF DEATH	
3 S	ex emale	4 COLOR OR RACE	SSINGLE.  MARRIED,  WIDOWED //  OR DIVORCES  (Write the word	)	November 26, 1930  (Month) (Day) (Year)	
	ATE OF BIR		(Day)	, 1(Year)	17 I HEREBY CERTIFY, That I attended the deceased from September 23, 1927. to No vember 26, 1923 that I last saw her alive on November 26, 1923	
7 A		yrs.	mosde	If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 1:40 Pan The CAUSE OF DEATH * was as follows: Acute Cholecystitis	
9 DIRTHPLACE (State or country)  Maryl and  10 NAME OF FATHER Lot Donaway			ay	-	Contributory Cerebral arterio-sclerosis  Unknown (Duration) yrs mos  (Signed) 192 30 (Address Cambridge, Laryland	
Lot Donaway  11 BIRTHPLACE  OF FATHER			*State the Disesse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whethe Accidental, Suicidal or Homicidal.			
PAREN	OF MOTH	ACE Suffie Car	therine Dor	naway	18 LONGTH OF RESIDENCE (For Hospitals, Institutions, Trun ients or Recent Residents) At place of death	
14	THE ABOVE	E.S.S.Hospi			Where was disease contracted, it not at place of deah? Worcester County usual residence Whaleyville, Md.  19 PLACE OF FURIAL OR REMOVAL DATE OF BURIAL	
15	(Addi	28 1954	, Maryland		Beather cen Nov 2 9, 193	

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesshould be used only when needed. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House en at bome, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; if nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material As examples: (a) (6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrbage,"
"Inanition," "Marasmus," "Old Age," "Sbock,"
"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomst.ted unless important. Example: Measles (disease Whooping inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, can be ascertained as the cause. (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic valvular heart disease; etc. The contributory Always qualify all not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

2

B.-Every Item of information should be carefully supplied. ACE should be stated EXACTLY, CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. CORD PERMANENT BINDING MARGIN RESERVED FOR WITH UNFADING INK-THIS IS S No. 1 x ż 0

1PLACE OF DEATH	STATE OF MARYLAND
County Drishes Co	CERTIFICATE OF DEATH
	Registration Dist. No. // 6
Village or City Cambridge (No. K.	St.: Ward) (If death occurred in a hospitul or institution, give its NAME Instead of street and
2FULL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH — acy sex 3 0 1930  (Worth) 30 (Day) 49 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
may 27, 1895	
(Morth) (Vay) (Year)  7 AGE  3 J yrs. mos. ds. or min.?	and that death occurred on the date stated above, at 1.300 m.  The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Occleve of Skell attractil accident. Degrat warned.  (Durstion) yrs. mos. ds.
9 BIRTHPLACE (State or country) May Real	Contributory Secondary  (Darstion)
10 NAME OF Section I Cacelo	(Signed) Sewort & R. M. D. Way, 31 180 (Address) Cambridge, Mag
OF FATHER (State or country)	*State the I is see Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
of MOTHER Worthan Degraft	13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
(Informant)	if not at place of dea h?
(Address) Baltice & My	ERREL ME 9/2/30
Filed Edy, 31 1930 Eller Registras	20 UNDERTAKET Caccepts Cancling My
If more b.anks are needed, addre.s Ltate Negistrar	, 16 W. Saratoga St., Balto., i.equesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

laborer, Farm laborer, Laborer—Coal name, sof the laborer, Farm laborer, Haborer the duties of the laborer, who are engaged in the duties of the laborer thanks. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary froman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ot tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, State cause for which surgical operation was underdiseases tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as cough; Chronic etc. The contributory valvular heart disease; death

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Dorchanter	CERTIFICATE OF DEATH
oomy k	Principle N
CONTRACT LIMITO W	Registration Dist. No.
Village or City (No. 7)	St.: Ward) a hospital or institu-
0 . 12 10	tion, give its NAME in-
2FULL NAME David 13. Heave	number.)
	1
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
WIDOWED. OR DIVORCED	192
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jeans / 185 G	1930 to Bee 26 , 1930.
(Month) (Day) (Year)	that I last saw han alive on Let 23, 192,0,
7 AGE    If LESS than	and that death occurred on the date stated above, atm.
7/6 /2 /9   day hrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	
a) Trade, profession or	Deneral arters relevan
particular kind of work	Myreaditi
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration)yrs,mosds.
9 BIRTHPLACE	Contributory Secondary
(State or country) Many lace	(Duration)ds,ds,
10 NAME OF	(Signed) John Mace IV M. D.
FATHER V	10- 15
() 11 BIRTHPLACE	192 (Address)
OF FATHER Z (State or country) 22 9 2	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
W 12 MAIDEN NAME	
of Mother Coccased Readel	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	
OF MOTHER (State or Country) The state of Country)	At place of death yrs mos. ds. State yrs mes ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(1/2)	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Carolinean Me	P. 0 0 2 2 12/28/20
(Address)	ADDRESS .
15 File ( 10 ) 20 130 7 100 7	20 UNDERTAKER  ADDRESS ,  Carbon & M.
Registrar	Is do cample
A more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewije*, *House*en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman. the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farme or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrrant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement whatever, write None. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm loborer, Laborer-Coul mine, etc. Womwithout more precise specification as Duy (b) Automobile factory. The material (b) Grocery

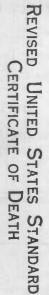
EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosinal fever (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtherio (avoid use of "Crou"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Capproved by Committee on American Medical Association.) 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," (secondary or intercurrent) affection need not be Whooping cough; Chronic volvulor heart disease; ..... (name origin; "Cancer" is less definite; avoid occident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicuomia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease Recommendations on statement of cause of death tetanius) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy troin-"Atrophy," "Collapse," "Coma," "Convulsions," interstitial nephritis, etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions nawered in detail, it will prevent further correspondence. All the ata is essential and must be obtained before the certificate is emanently filed

Fxact

PLACE OF DEATH	05487 STATE OF MARYLAND
County Doscharte	CERTIFICATE OF DEATH
THIN CONFORMY TRAITE OF	Registration Dist. No. //6
Village or City Combridge (No. Camb.	(If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Jufousett	Atarley number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1970, to 1970, that I last aw hamalive on Many 1970, 1970,
7 AGE     If LESS than	and that death occurred on the date stated above, at 12-159.
yrs. #mos. de.   day hrs. or min.?	The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work	Melectaria
(b) General nature of industry business, or establishment in	J, 4
which employed or (employer)	(Durstion) Jyre H mos 2 de.
9 BIRTHPLACE (State or country) Mad.	Contributory Secondary  (Duration) yrs mos ds.
10 NAME OF FATHER Cas. Whitting to	(Signed) De Shriver J. M. D.
OF FATHER Z (State or country)	State the lisease Causing Death, or, in deaths from
TI MAIDEN NAME	State the l'is ase Causing Death, or, in don't from Nolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
of MOTHER herea Barks	ients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. Stateyrsmosde.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant Theresa Stanley	Former or usual residence
139 Pine It Cambridge Ing	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CORRECT Med May 21, 19 33
Filed May 2/ 1920 Selfolds	20 UNDERTAKER ADDRESS Lewis Barner Carefulge mo
If more banks are needed, address tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

Spinner, er," etc., without more previous erlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), approved by Committee on tetanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic affection etc. The contributory valvular heart Nomenclature of the need not be disease;

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V S. No. 1

AYSI-Exact

		OF DEATH		07985	STATE OF CERTIFICATI	
	Angel	4 + 0 ± 0 ± 0 ± 0 ± 0 ± 0 ± 0 ± 0 ± 0 ± 0		128)		Dist. No. 1/6
Villa	age or City_		(No. Eastern Shor		al St.: Ward	(If death occurred in a hospital or institu- tion, give its PAME in- stead of street and number.)
	PERSONA	AL AND STATIST	ICAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
3 SE	EX	4 COLOR OR RACE	MARRIED, WIDOWED. OR DIVORCED (Write the word) Single			12th , 1920
6 D/	ATE OF BIRT	Merch 1	, 1 884	June 22,	CERTIFY, That I at	tended the deceased from Ly12th, 150, 12th, 1950,
7 AG		6 yrs. 4	If LESS than I dayhrs. ormin.?	The CAUSE OF DEA	TH * was as follows:	d above, at 3.50Pem.
(b) bus wh	) General nat siness, or est nich employed RTHPLACE (State or coun	of work ablishment in dor (employer) Marylan		Contributory Secondary	(Duration)	yıs. mos 10 ds.
ENTS	10 NAME OF FATHER  11 BIRTHPLA OF FATHE (State or of the control o	Chas. H	a Jashla)	*Shite the I Violent Causes, as Accidental, Suicidal	SIDENCE (For Hosp	M. D. dge-Maryland, or, in deaths from njury and (2) Whether itals, Institutions, Trans-
<u> </u>	OF MOTHE (State or C	R Manual and	d '	At place Since Jof death	une 22, 1926 th	e ateyrsmosds.
14 T	(Informant)	(IE)S.S.Ho	spital Records Mary land	r	ean City, Nd.	DATE OF BURIAL
15	Filed July	If more banks are	Registra:	20 UNDERTAKER  W. Saratoga St.,	Bulto., Requesting V.	Berlind S. ho. 1.

(Approved by U. S. Census and American Fublic Health Association.)

cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is 'provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rework, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Locomolive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

tetanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be streed unless important. Example: Measles (disease American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "Inamition," "Marasmus," "Old Age," "Shock, ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

1	PLACE OF DEATH	05488 STATE OF MARYLAND
	County Loschester	CERTIFICATE OF DEATH
	WITHIR CORPORASS LIMITS OF	Registration Dist. No. 1/6
	Village or Cit Sambridge. (No. Loches	Ward) (If death occurred a hospitul or institution, give its NAME) stend of atreet
	2FULL NAME Weyam	- (0. Harring & number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	May White Write the word)	16 DATE OF DEATH May 23, 1936
1	6 DATE OF BIRTH	(Year) (Day) (Year)   17   I HEREBY CERTIFY, That I attended the deceased fr
	July 5 1866	192 . to
	(Month) (Day) (Year)	that I last saw haliva on, 192_
	7 AGE   If LESS than	and that daath occurred on the data stated abova, at 6-15
	63 yrs. 10 mos. 18 ds. or min.?	The CAUSE OF DEATH * was as follows:
1	8 OCCUPATION (a) Trade, profession or	Tistol shot wound
130	particular kind of work Turney (b) General nature of industry	through head
	business, or establishment in	( self Duration) ( yro mos)
1	which employed or (employer)	Contributory Anguest waire
	(State or country)	Secondary (Duration) yrs. (mos.
	10 NAME OF	(Signed) E. P. Dinlon arting Corey
	FATHER Who E. Harringhin	may 13 120 (Address) Cambrille mo
	OF FATHER (State or country)	*State the Lisrase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Elizabeth Thumpan	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Tra
	13 BIRTHPLACE OF MOTHER	At place In the of deathyrsmosds. Stateyrsmos
	(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	B # 1-	Former or usual residence
	(Informant) Oyon / amy m	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Vay was valued md.	Cambridge md. May 26. 190
	Filed May 2 4 192 & ElVold Registrar	Frank & albrugh Cambridg m
	If you be also are used at address Name Wardson	16 W Sanatora St. Rulto Paguatting V. S. No. 1.

(If death occurred in a hospital or institu-tion, give its NAME is stead of street and number.)

(Day) (Year) I attended the deceased from

lospitais, Institutions, Trans-

... 1230

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Heart lailure, maemorinage, "Shock," "Shock," "Affilia disagra "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart Nomenclature of the disease;

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	PLACE OF DEATH	05489 STATE OF MARYLAND
	County Toschector	CERTIFICATE OF DEATH
	WITHIN GORPORATE LIMITE OF	90 Registration Dist. No. //6
a16.	Village or City Dubridge (No.	St: Ward) (If death occurred in a hospital or institution, give Its NAME in
110	2FULL NAME DENTE	Jerry stead of street end number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	Male Market Stringle, Married Widower Stringle (Write the word)	16 DATE OF DEATH May 4 , 1930
d no su	6 DATE OF BIRTH  1878	I HEREBY CERTIFY, That I attended the deceased from
ructio	(Month) (Day) (Year)  7 AGE   If LESS than   I day,	and that death occurred on the date stated above, at 1-28 m.  The CAUSE OF DEATH * was as follows:
See inst	BOCCUPATION  (a) Trade, profession or particular kind of work	Motral Regurgitation
rtant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
dun	9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  (Duration)
is ver	10 NAME OF FATHER CLUS HELICIS	(Signed) To Minute & M. D.
200	C (State or county)	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER USE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the State yrs ds.
	14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
0	(Address) Cambedge Ma	19 Wige of Bural OR REMOVAL DATE OF BURIAL May 2, 19 3
0	15 File May 7 1930 Estevolf Registrar	Suis & Boyreum Puble
	If more blanks are needed, eddress State Registrar,	, 16 V. Seretoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise speciments. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only wben needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part-of the second statement. nature of the business or industry, and therefore an Physician, whatever, write Nonc. For many occupations a single word or term on cer, Stationary fireman, etc. For persons who have no occupation Locomolive engineer, But in

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ethaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Sbock,"
"Uraemia," "Weakness," etc., when a definite disease
can be ascertained as the cause. Always qualify all
diseases resulting from childbirth or miscarriage as whooping cough; Chronic valvular heart "PUERPERAL septicacmia," "PUERPERAL peritonilis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide, Potsoned by tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (eag., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Example: Measles (disease etc. The contributory affection need Nomenclature of the Measles ; not be disease;

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V. S. No. 1

N. B.

	PLACE OF DEATH  County Poralesles  Village or City Hurlock (No.	04225 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 1 O  St.: Ward) (If death occurred in the control of the
	2 FULL NAME Mary J. Henr	a hospital or institution, give its NAME is stead of street an number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	S SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. Willower (Write the word)	16 DATE OF DEATH 27 , 1920
6	(Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 192 to the last saw h alive on 192
7	yrs. If LESS than I day hrs. or min.?	and that death occurred in the date stated above, at # A' m The CAUSE OF DEATH * was as follows:
X	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Artic ensufacinal (Duration) yes mos de
9	BIRTHPLACE (State or country) Maryland  10 NAME OF	Contributory Secondary  (Duration)  (Duration)
	FATHER Frank Collins	(Signed) M. E. 4/28 1981 (Address) Therefore
	(State or country) Mary land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Janda Collins	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)  Mary land	At place of death yrs. mos. ds. State yrs. mes. de
1.	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Many Tenley  (Address) Hurlook	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  MA Kendre Md about V8. 192
	Filed Opel 27 1950 Robt & Hastings	20 UNDERTAKEN JADDRESS JURIORE
1	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housenaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can he known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons (a) the kind of work and also (b) the who have no occupation -Coul mine, etc. Wom-Locomolive engineer,

Statement of Cause of Death—Name, first, the Disabase Causing Death (the primary affection with respect to time and causation), using always the same accepted to the and causation), using always the same accepted to a for the same disease. Examples: ('erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL perilonitis," etc. stated unless important. approved by Committee on Nomenclature telanus) may he stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if inpossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drawning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; (hronic Example: Measles (disease valvular heart disease; etc. The contributory Measles ;

If this certificate is looked over thoroughly and a l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PLACE OF DEATH	67966 STATE OF MARYLAND
County Vorchester	CERTIFICATE OF DEATH
	(31)
HIM COMPORATE LIMITS OF	Registration Dist. No.
Village or City Combridge (No. 223 Co	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	Handen,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH July 26, 1880
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
7 - 27, 1867	July 25 10000 July 26, 1000.
	that I lest saw bear alive on 1983,
7 AGE	The state of the s
62 yrs. // mos. 29 ds. or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION .	(//./
(a) Trade, profession or particular kind of work	
(b) General nature of industry	Culmonay
business, or establishment in	(Duration) yes ( mos d. ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Md.	Secondary
10 NAME OF	(Signed) Duration) yrs
FATHER John Henry	0/2/2-
OF FATHER	Holy 27 190 (Address) Constitutes
OF FATHER (State of country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Miolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER / garles Mont 200000	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
19 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the
(State or Country)	of deathmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Jarah James	Former or usual residence.
(Address) 220 Cease St	Lunch Gice & July 29, 130
15 Filely 28 1030 ERWolf Registrar	20 UNDERTAKER ALLANDORESS PARESS
	Vita i willing que n'exer
If more branks are needed, address tate Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Starement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from laborer, Farm taborer, Luverer control of the en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a household only (not paid Housekeepers who receive a Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed -Coal minc, etc. 6) Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) affection need Committee on Chronic valvular heart disease; etc. The contributory Nomenclature of the not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1 L5   I day	ie Douha Hl	2FULL NA	
MARRIED, WIDOWED. SING OR DIVORCED CWrite the word)  TAGE  MOCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  (Address)  (Address)  (Address)  (Address)	D STATISTICAL PARTICULARS	PERSONAL A	
JAGE  JYPS.  MOS.  JOCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  JONAME OF FATHER  (State or country)  10 NAME OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  (State or Country)  A THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  (Address)  (Address)  CANADALIZATION  I I BIRTHPLACE OF MOTHER (State or Country)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	MARRIED, WIDOWED.	edul R	le s
JOCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	923 (Month) (Day), 1930	DATE OF BIRTH	3 6
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  12 MAIDEN NAME OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant////////////////////////////////////	yrsmosbds.   If LESS than I dayhrs. ormin.?	AGE	A
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant/Hillel)  (Address)  (Address)  (Address)  (Address)	or	(a) Trade, profession	(8
(State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or Country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  (Address)  (Address)  (Address)	industry nent in	b) General nature ousiness, or establish	(t
FATHER  II BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  IS BIRTHPLACE OF MOTHER (State or Country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  (Address)  (Address)  (Address)	and		В
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  (Address)  (Address)  (Address)	infield Barley	FATHER /	
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  (Address)  (Address)	mid	OF FATHER	
OF MOTHER (State or Country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant Millie M Henry  (Address)  (Address)  (Address)	Wililmener Henry		I
(Informant Williel M Henry (Address) Camberidge nd	mel	OF MOTHER	
Of alx	llie M Henry	(Informant Mi	1
Filed Regular	anberidge vid	(Address)	5
If more branks are needed, address State Regis	1 Regularian	Filed (VY)	

PLACE OF DEATH

12382 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)	(If death occurred in a hospital or institu-
	tion, give its NAME is - stead of street and number.)

St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and			
Metty (HENRY number.)			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH			
(6, 19230			
(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the decessed from			
, 192, 192,			
that I last saw halive on, 192,			
and that death occurred on the date stated above, at			
The CAUSE OF DEATH * was as follows:			
Mustum - Visual by Dales altoney			
1 Slevy + brid ordered			
no further information cary PR			
yrsmosds.			
Contributory			
(Duration) mos de.			
(Signed) M. D.			
Oct 18 192 (Address)			
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-			
ients or Recent Residents)			
At place of deathyrsmosds. In the Stateyrsmosds.			
Where was disesse contracted, if not at place of deah?			
Former or usual residence			
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
ald fild not oct 18 1,30			
20 UNDERTAKED ADDRESS			
70111 DH(19 Charrell) The particular			

16 W. Saratoga St., Belto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more precise speciments of the laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, (a) the kind of work and also (b) the Locomolive engineer,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrofever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> 22 tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved "PUERPERAL septicaemia," "PUERPERAL perilonitis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid by Committee on cough; Chronic etc. The contributory valvular heart Nomenclature of the disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County vachoter	O2883 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 116
Village or City Lloyds (No	St.: Ward) a (If death occurred in a hospital or institu-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH , 1930
6 DATE OF BIRTH  (Month) (Day) , 186( (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  The 8 1980 to war 7 1980  that I last saw h in alive on war 6 ff 1920
occupation (a) Trade, profession or farm labores	and that death occurred on the date stated above, at m The CAUSE OF DEATH * was as follows:
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration)
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos ds. State yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence
(Informant) Winfued Herren (Address) Lloyds  Filed Meh. 9 1930 Selvage	19 PLACE OF BURIAL OR REMOVAL  LOWWLONDER MICH. M. M. G., 1930  20 UNDERTAKER  L. Baynulus  Cambudge

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

me

(Approved by U. S. Census and American Public Health Association.)

er," etc., with laborer, i business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Nervant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. whatever, write None. Housemaid, etc. to report specifically the occupations of definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of eupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Foreman, (b) Automobile factory. The inuterial or At Home, and children, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, For persons If the occupation has been changed Laborer-Architect, Locomotive engineer, who have no occupation -Coul mine, etc. Womnot gainfully em-(6) persons en-Groeery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: ('erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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PLACE OF DEATH County Doublester	123
County Worelester	100-0
Village or City Christian (No.	Park
2FULL NAME Therein B	awen
PERSONAL AND STATISTICAL PARTICULARS	
Male Color or RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE
6 DATE OF BIRTH  Oct.  (Month) (Day) (	Year) that I las
	S than and that a the CAUS
CCUPATION  1) Trade, profession or articular kind of work  1) General nature of industry usiness, or establishment in which employed or (employer)	
9 BIRTHPLACE (State or country) Cambridge M	Contri
11 BIRTHPLACE OF FATHER  State or country)  12 MAIDEN NAME OF MOTHER  (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  OF MOTHER (State or Country)  OF MOTHER (State or Country)	(Signed)
(Informant) have E. Thereway	Former or usual reside

CERTIFICATE OF DEATH Registration Dist. No. // 6 (if death occurred in a hospital or institu-tion, give its NAME in-stead of street ond number.) MEDICAL CERTIFICATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from death occurred on the date stated above, at SE OF DEATH \* was as follows: te the Disease Causing Death, or, in deaths from Causes, state (1) Means of Injury and (2) Whether tal, Suicidal or Homicidal. H OF RESIDENCE (For Hospitals, Institutions, Trans-Recent Residents) In the disease contracted. lace of death? DATE OF BURIAL

STATE OF MARYLAND

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomoliuc engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day 6 Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed tern for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebropncumonia, Bronchopneumonia ("Pneumonia,

stated unless important. Example: Measles (disease inges, pertionacum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; approved by telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if inpossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. American Medical Association.) Recommendation as fracture of skull, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY and of "contributor, and of "contributor, and of "contributor, and of cause of deal ociation.)

The Nomenclature of the contributor over (throughly and all questions in layed must be obtained before the certificate. Chronic valvular heart disease; etc. The contributory Always qualify all

permanently filed answered in detail If this certificate



N. B. Every item of information should be carefully supplied. Part should be stated EXACTLY, CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. statement of OCCU. A PERMANENT MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS 3 V. S. No. 1

YSI-Exact

PLACE OF DEATH	6389 STATE OF MARYLAND
County Dorchester	CERTIFICATE OF DEATH
San illa	Registration Dist. No.
Willage or City USM (No. MOLLULU)	St.: Ward) (If death occurred in a hospital or Institu
2FULL NAME Ceizel and	tion, give its NAME in steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  A 7 , 1930  (Month) (Day) (Year)
6 DATE OF BIRTH July 9 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1924 to 1924 , 192 , 192 , 193 9
7 AGE    If LESS than   I dayhrs.   ormin.	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work	Sacoma quetim
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country)  Many land	Contributory Secondary  (Duration)  yis mos ds
10 NAME OF John. 1P. Horfice	(Signed) & a Storus M. D.
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Margaret Thorne	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents)  At place
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not et place of death?  Former or usual residence
(Informant) (Address)	Jean Jawn Carretty Jace 29, 130
Filed 192 Registrar	20 UN DERTAKER ADDRESS Casaling 14
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The material For many occupations a single word or term on 2 yrs). Farm laborer, Laborer-(b) Cotton At Home, and children, without more precise specification as Day For persons who have no occupation If the occupation has been changed mill; (a) Salesman, Coal minc, etc. not gainfully em-(6) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Seale," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, ingcs, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. chopneumonia (secondary), (secondary or intercurrent) affection need the (disease use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature of the Chronic etc. The contributory valvular heart disease; Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Fxact N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, P. CIANS should state AUSE OF DEATH in plain terms so that it may be properly classified. statement of OCCUP NON is very important. See instructions on back of certificate. ORD PERMANENT BINDING MARGIN RESERVED FOR WITH UNFADING INK--THIS IS

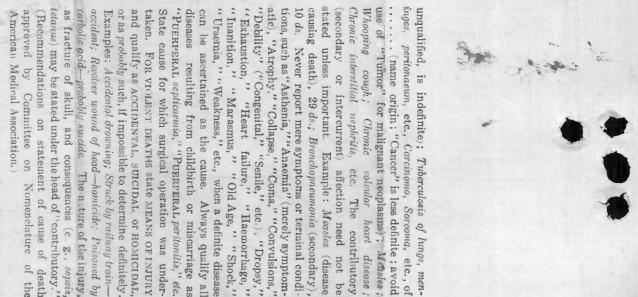
V. S. No. 1

40	
County Worklextex	07967 STATE OF MARYLAND CERTIFICATE OF DEATH
01-4	Registration Dist. No.
Village or Citeletelever (No. 2FULL NAME John) H.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 Male Black SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 27 , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH May 10, 1861	17 LHEREBY CERTIFY, That Lattended the deceased from 19230 to 19250
(Month) (Day) (Year)  7 AGE  Ormania Month (Day) (Year)  If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
e occupation (a) Trade, profession or particular kind of work	marcer of Bladder.
(b) General nature of industry business, or establishment in which employed or (employer)	Duration)yre. 6nosds.
9 BIRTHPLACE (State or country)  Mariffe	Contributory Secondary  (Duration) yrs
10 NAME OF HORD Hell	(Signed) No roy Mills (Address) Phullier (2007)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Wort Mendel	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs. mos. ds. State yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) Auctook	Telersburg Md Guly 19 3
15 Filed July 29 1930 Mrs NF. Nicolo Registrar	To B. Mellowythy Hurlock
if more branks are needed, address State Registra	, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, cupation is very important, so that the relative healthworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many Physician, the first line will be sufficient, c. g., Farmar or Planter, tion applies to each and every person, irrespective of fulness of warious pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (re-Houseniaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foremon, (b) Automobile foctory. The material For many occupations a single word or term on Farm laborer, Loborer-Coal mine, etc. (b) Cotton without more precise specification as Doy Compositor, Architect, Locomotive engineer, For persons who have no occupation (a) the kind of work and also (b) the mill; (a) Salesman. not gainfully em-(b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")



If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

Village or City Cambridge (No. Eastern Shore State Hospita)  2FULL NAME Carl Hinderman	Registration Dist. No.
TO THE PARTY OF TH	JSt.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS MEDICAL	CERTIFICATE OF DEATH
	(Month) 11 (Day) 193QYear)
May 6, B61  (Month) (Day) (Year)  17 I HEREBY CE June 19, that I last saw h. ima	ERTIFY, That I attended the deceased from 192 30 to November 11, 19230
69 yrs. 6 mos. 5 ds. or min.? Cerebr	on the date stated above, at 5:45 Pens * was as follows: ral hemorrhage
business, or establishment in 2 Hrs.  which employed or (employer)  Contributory	(Duration) yrs. mos d
(State or country) Switzerland  10 NAME OF FATHER Understand (Signed)	(Duratho 3 yrs 5 mos 6 d
11 SIRTHPLACE OF FATHER (State or country) NKNOWN  *State the Diseas Violent Causes, state Accidental, Suicidal or I	Address) Camblidge, Laryland se Causing Death, or, in deaths from (1) Means of Injury and (2) Whether Homicidal.
ients or Recent Reside  13 BIRTHPLACE OF MOTHER (State or Country Inknown  ients or Recent Reside At placeSince June of death yrs	19, 1930 In the State yrs mes d
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?	rton, Naryland  OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (o) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. en at home, who are engaged in the duties of the laborer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servout, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Housemoid, etc. If the occupation has been changed Foreman, (b) Automobile foctory. The to For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborerknow (a) the kind of work and also (b) the without more precise specification as Doy For persons who have no occupation -Coul mine, etc. (b) materia Grocery; Wom-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: "Grebrospinal fever (the only definite synonym is "Fpidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonoeum, etc., Coreinoma, Soreoma, etc., of causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomas fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway troin-"Exhaustion, American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephrilis, FOR VIOLENT DEATHS State MEANS OF INJURY cough; Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronie etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

8

V. S. No. 1

Fxact

PLACE OF DEATH	06661 STATE OF MARYLAND
County Dorchesler	CERTIFICATE OF DEATH Registration Dist. No. 1 / 0
Village or City Reliance (No.	St.: Ward) (If death occurred in
2 FULL NAME Wary E. Hol	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeruale Write Single, MARRIED, WIDOWED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Quie, 30', 1:30 (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw hell alive on June 27 , 1936
7 AGE  Q 5 yra, 7 mos, 6 ds.   If LESS than   1 day hrs. or min.?	
8 OCCUPATION (a) Trade, profession or House-work	Lericardelis Otronic
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Chumulian Secondary  (Duration) yrs. f mos. ds.
10 NAME OF FATHER AND data	(Signed) & Webr M. D. Que 30" 1980 (Address) Saafund Del
OF FATHER (State or country)  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  11 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER (No data) Knowley  13 BIRTHPLACE OF MOTHER (State or Country)  10 data	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence.
(Address) Williams Jarra Mic	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL COLOR 2" , 1930
Filed July 1" 1980 Hobert L. Hasting &	1. L'rampton & Son Tederals auro
If more bianks are needed, address State Registra	r, 16W. Saratoga St., Bato., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-(a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, eupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, tion applies to each and every person, irrespective of whatever, write Nonc. or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) The ques-Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to a for the same disease. Examples: ('erebrospinal fever (1' only definite synonym is 'Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia");

> American Medical Association.) "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." "PUERPERAL scpticaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. (secondar; or intercurrent) affection need not be Chronic interstitial nephritis, Whooping Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Chronic valvular heart disease etc. The contributory Nomenclature Always qualify all

If this certificate is looked over thoroughly and a l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	06662	STATE OF MARYLAND
County Weekes ker	(3)	Registration Dist. No. //
Village or City Near Mellicus Hours	f.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	(Month) (Day) (Year) (Year) (CERTIFY, That i attended the deceased from
Month) (Day), 1930 (Month) (Day) (Year)	Skell	Alive on, 192
7 AGE Stellera. Serrido de. lf LESS than l day hrs. or min.?	and that death occur The CAUSE OF DEAT	red on the date stated above, at / / / m 'H * was as follows:
(a) Trade, profession or particular kind of work	Sull	sparn sum!
(b) General nature of industry business, or establishment in which employed or (employer)		(Durstion)yrsds
9 BIRTHPLACE (State or country)  Mc	Contributory Secondary	(Duration)
10 NAME OF PLANE Holley"	(Signed) (9237	M. D. (Address) Western Turk
OF FATHER  (State or country)  12 MAIDEN NAME  (State or country)	*State the Di	sease Causing Death, or, in deaths from ate (1) Means of Injury and (2) Whether
of Mother Legmess & Paul	18 LENGTH OF RES	SIDENCE (For Hospitals, Institutions, Transsidents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsm	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contr if not at place of death Former or	acted.
(Informant) Historia Ind	19 PLACE OF BURIA	OR REMOVAL DATE OF BURIAL
15 Filed June 24 19230 Hobral Hashing Registrar	20 UNDERTAKER	ADDRESS Lodeanstrag
If more branks are needed, address State Registrar	16 W. Saratoga St., I	Bilto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foremon, (b) Automobile factory. The material fulness of various pursuits can be known. The queswbatever, write Nonc. business, that fact may be indicated thus; Farmor (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (o) the kind of work and also (b) the Civil engineer, Stationary fromun, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemoid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, " etc., or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a Farm loborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. stated unless important. Example: Measles (disease inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomendature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences e g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (increly symptomcausing death), 29 ds.; Brouchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meusles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease (secondar, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; a void cough; or intercurrent) affection need not be Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is e-sential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, P. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. ORD PERMANENT BINDING MARGIN RESERVED FOR (WITH UNFADING INK--THIS IS V. S. No. 1

	PLACE OF DEATH  County Occurs Ster	04226 STATE OF MARYLAND CERTIFICATE OF DEATH
	7/10/2011/1	Registration Dist. No. ///
	Village or City Walliams burg (No.	St: Ward) (If death occurred in a hospital or institu-
0	2FULL NAME Samuel F! F	tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
200	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw have alive on Office 25, 1920,
130	7 AGE    If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, at 1-25 m, The CAUSE OF DEATH * was as follows:
	8 OCCUPATION (a) Trade, profession or Say Saltoner	fuluman Lobuculoni,
	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. / Fmos. ds.
	9 BIRTHPLACE (State or country)	Contributory Secondary  (Durstion)yrsds.
	FATHER Caugene a. Holliday	(Signed) J. M.D. M.D.
	OF FATHER (State or country)	#State the Disease Causing Death, or, in deaths from Viblent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER annie & Inc Stotley	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Ougene a. Holliday,	usual residence
	(Address) Williams Turq Md.	Skinners Kun, Ind, Dpr. 28. 1930
)	Filed and 25 1930 Robert L Hashings	20 UNDERTAKERS  A'Y author Sou Dederal bus
	lf more bianks are needed, address State Registrar	, 16W. Saratoga St., Ballo., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. busine, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the If the occupation has been changed Loborer--Coal mine, etc. Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted teem for the same disease. Examples: ('ercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicuomia," "PUERPERAL peritonitis," etc. atic), "Atrophy!" "Collapse." "Coina," "Convulsions, American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, curbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death, 29 ds.; Branchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; ...... name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railwoy train-(secondar, Whooping Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephritis, by. or intercurrent) affection need not be Committee on Nomenclature Chronic valvular heart disease, Example: Measles (disease etc. The contributory Always qualify all

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3

V. S. No. 1

	PLACE OF DEATH	05490 STATE OF MARYLAND
	County Darchestale xc	CERTIFICATE OF DEATH
	WITEIR CORPORATE LINEAR AND ADDRESS OF THE PARTY OF THE P	Registration Dist. No. // 6
1	Village or City Carbon (1800.	ca. var_a) (If death occurred in
	2 FULL NAME Patience Hol	ward a hospital or institu- tion, giva its NAME in- stead of street and number.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	Land Caland (Write the word)  4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED Ungl	16 DATE OF DEATH (Month) (Day) (Year)
<b>6</b>	DATE OF BIRTH 10 00	I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	that I last saw he alive on Rusy 14 192
7	AGE   IfLESS than	and that death occurred on the data stated above, atm,
	yrs. mos. ds. or min.	The CAUSE OF DEATH * was as follows:
8	OCCUPATION (a) Trade, profession or / 1 and & 0	Valv. Heart Britain
X	particular kind of work 17000 Warp  (b) General nature of industry	•
1	business, or establishment in . which employed or (employer)	(Durstion) yrs mos de.
9	BIRTHPLACE (State or country)	Contributory Secondary
-	10 NAME OF FATHER A	(Signed) yrs mos. de.
	11 BIRTHPLACE	My 12 192 (Address) Carolin of my
OFNE	OF FATHER (State or country)	State the Discase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
DAG	OF MOTHER ALL ALL HOLES	LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	(Informant) Liy 4 i and S	Former or usual residence
	(Address) Canberd gl	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Nas 1819
11	Fileday 18 1920 Estargistra	20 UNDERTAKER  Seine HB Con Callid.
=	If more branks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
		nd

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scruant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Loco Civil engineer, Stationary fireman, etc. whatever, write None. to report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury. approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death) 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) interstitial nephritis, cough; Chronic etc. valvular heart disease; The contributory Always qualify all Measles ; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.-Every item of information should be carefully supplied ACE should be stated EXACTLY, PYYSI-GIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD PERMANENT BINDING MARGIN RESERVED FOR WITH UNFADING INK---THIS IS

V. S. No. 1

PLACE OF DEATH County Porchester	07968 STATE OF MARYLAND CERTIFICATE OF DEATH			
Village or City Hurlock (Nokel (Be 2FULL NAME Lawrence H.	Registration Dist. No. 10  Plowu Settleward Afficiath occurred is a hispital or institution, give its NAME in steed of street and number.)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Male Color or RACE SANGLE, MARRIED, Married OR DIVORCED (Write the word)	16 DATE OF DEATH July 14th, 1930 (Year)			
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h (21. alive on July 9 th 1930)			
7 AGE  J Wyrs. 5 mos. 2 ds. or min.?	and that death occured on the date stated above, at 230A m The CAUSE OF DEATH * was as follows:			
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	Aleast 2 yrs. unellerlain			
9 BIRTHPLACE (State or country) War Cu Ml	Contributory Lengue Ochema Secondary, Contributory Lengue College Contributory			
10 NAME OF John H. Lake	(Signed) 1. B. Mardan M. C. Mark (4 1930) (Address) Proston, mel			
OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.			
OF MOTHER Wallie / Volines  13 BIRTHPLACE OF MOTHER (State or country) Won Co Ma	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos de State yrs de			
(Informant) Sarah & Holius	Where was disease contracted, if not at place of death?  Former or usual residence.			
(Address) Hurloch Mr	Coshing ton andery July 16, 1930			
Filed July 15 1980 Tobut to Flashings Registral  If more blanks are needed, address State Registrar	17 MIL Olor Cambrage M			

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necesfulness of various pursuits can be known. cupation is very important, so that the relative health gaged in domestic service for wages, as Servant, Cook en at home, Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return 'Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed r," etc., Foreman, to know (a) the kind of work and also (b) the For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day who are engaged in the duties of the (b) Automobile factory. Locomotive engineer, The quesmaterial Grocery,

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor gneumonia Bronchopneumonia ("Pneumonia.")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. carbolic acid-probably suncide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Careinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by American Medical Association.) approved by Committee on (Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Whooping cough; .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic Example: Mcasles (disease etc. affection need not be valvular heart disease; Nomenclature The contributory "Dropsy, Measles

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HYSI-Exact

	PLACE OF DEATH  County Sichester	05491 STATE OF MARYLAND CERTIFICATE OF DEATH			
	~ · · · · ·	Registration Dist. No. 11			
	2FULL NAME JUSEPH W 1	St.: Ward) a hospital or institution, give its NAME instead of street and number.)			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED. OR DIVORCED (Writo the word)	16 DATE OF DEATH MAY 24, 1920			
	6 DATE OF BIRTH  Mulauron , 1857	17 I HEREBY CERTIFY, That I attended the deceased from 1928. to May 2 4, 1980.			
	(Month)         (Day)         (Year)           7 AGE         [lf LESS than	that I last saw h see alive on May 5, 1960, and that death occurred on the date stayed above, at 1 Pm.			
	yrs. # mos. # ds. or min.?	The CAUSE OF DEATH * was as follows:			
F 2	8 OCCUPATION (a) Trade, profession or particular kind of work	Chrome Interstitice			
26	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Lyrs. ## mos # de.			
	9 BIRTHPLACE (State or country)	Contributory Secondary  Durstion yrs			
	10 NAME OF FATHER MARAGEMENT	(Signed) M. D.			
	IN BIRTHPLACE OF FATHER (State or country) IN THE MAIDEN NAME	State the I is ase Causing Death, or, in dooths in Wiolent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
	OF MOTHER WALLS	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)			
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death			
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?			
	(Informant) Sarfield Wheatley (Address) Ald Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Taulas Esland May 26, 19.30			
	15 Filed June 1920 J. R. Neild Registral	20 UNDERTAKER Richarden Thursh Creek			
-	lf more blanks are needed, addre.s Ltate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V.S. No. 1.			

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesmon. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servout, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the luborer, Form laborer, Laborer-Coul mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtle first line will be sufficient, e. g., Farmer or Planter, tion applies to cuch and every person, irrespective of Housemaid, etc. If the occupation has been changed Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The Locomotive engineer, But in many material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphheru (avoid use of "Croup"); Typhoid ferer (never report "Typhoid Pneumonia"); Lobur pucunonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart fautire, "Annual Marasmus," "Old Age," "Shook," atie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senilc," etc.), "Drcpsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease approved by (Recommendations on statement of cause of death tetanus) may be stated under the head of "eontributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms), Measles; ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train— (secondary or intercurrent) Chronic interstitial nephritis, Never report mere symptoms or terminal condicough; Committee Chronic on valvulor heart was The contributory etc. The Nomenclature

If this certificate is looked over their tighly and all qu etions answered in detail, it will prevent further crespondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  5 SINGLE. WIDOWED. OR DIVORCED (Write the word)  6 DATE OF BIRTH  17 I HEREBY CERTIFY, That I attended the deceased in that I last saw have alive on the date stated above, at 192, b, to 192,	Village or City (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 1 5  St.: Ward) a hospital or instit
3 SEX 4 COLOR OR RACE WINDOWSCD OR DIVORCED (Write the word)  6 DATE OF BIRTH  7 AGE    IllESS than In day, brs.   195 s. to.   197 s.   198 s. to.   197 s.   198 s. to.   19	2FULL NAME Mary 13 1 de	tlon, give its NAME i stead of street ar number.)
ADATE OF BIRTH  OL. 3   18   7   1   1   1   1   1   1   1   1   1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
(Month) (Day) (Year)  That I last saw how alive on Months and that death occurred on the date stated above, at	A MARRIED, WIDOWED, OR DIVORCED	16 DATE OF SEATH W
TAGE    If LESS than   Iday	QU. 3,1862	Jel. 1 193 0, 00 11 13 , 193
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  (Address)  (Address)  15 Filed  (Address)  17 JORGAN (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Signed)  (Address)  (Signed)  (Signed	7 AGE   If LESS than   I dayhrs.	and that death occurred on the date stated above, at
FATHER  II BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  IN CAddress)  State the Disease Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Hospitals, Institutions, Talents or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence  (Address)  ADDRESS  ADDRESS  ADDRESS  ADDRESS	particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15 Filed  OF MOTHER  OF MOTHER  (State or country)  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, True ients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL OR REMOVAL  DATE OF BURIAL OR REMOVAL  ADDRESS  ADDRESS  ADDRESS	THER SECOND TO S	Tele 13 198 B (Address) Fishing Celly M
(Informant)  (Address)	12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the State yrs
(Address) Worker old and American address address address address address address address and address	John & Leaver	if not at place of death?  Former or usual residence
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	(Address) 1923 of me wheater	20 UN DERTAKER  LISTE CONST.  ADDRESS  C

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of eupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; (6) For persons who have no occupation Automobile factory. The material not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma, stated unless important inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, taken. For violent deaths state means of injury "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. chopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease etc. The contributory valvular heart " "Convulsions, not be

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additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a to know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation children, not gainfully em--Coul mine, etc. (b) material Grocery Wom-

spinal meningitis"); Diphtheria avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the Disto time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respec-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia fever (never report "Typhoid Pneumonia"), ("Pheumonia,

> Capproved by Committee on inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) letanus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY " "Marasmus, " "Old Age, " "Shock," cough; Chronic affection need valvular heart Nomenclature The contributory not be disease;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed If ithis certificate is looked over thoroughly and all questions

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sary to know (a) the kind of work and also (b) the nature of the basiness or industry, and therefore an ployed as it "chool or it home. Care should be taken tatorer Farm labaser, Enborer—Coal mine, etc. Women at notice, who are engaged on the duties of the worker of may form par of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional lie is provided for the latter statement; it Civil engineer. Stationery firemen, etc. But in many cases, specially in industrial employments. It is necesage. For many occupations a single word or term on state weep, than at beginning of illness. If retired from or Then in account of the disease carsing death. gaged in 'sanstie service for wages, as Servant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite substyrating be entered at Housewife, House household ally (not paid Househeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) Physician Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., I armer or Planter, fulness of variou presuits can be known. expation is very important, so that the relative health whatever write None, tired ' 118.1. For persons who have ne occupation (a) Foreman, (b) Automobile factory. The material Statement of Occupation Precise statement of oc applied to each and every person, irrespective of that flot may be indicated thus: Farmer without more precise specification as Day If the occupation has been changed

EASE CALL DEATH (the primary affection with respect to time and causation), using always the same accepted term for the arme disease. Examples: Cerebrospinal fewer the only definite synonym is "Epidemic cerebrospinal in ningitis" ); Diphilaria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid pneumonia.")

and qualify as accidental, suicidal, or monicidal, or "Uracmia" "Weakness." etc., when a definite disease can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," aiges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as probably such if impossible to determine definitely "Puerrenal septicuemia." "Puerrenal pertionitis," etc. diseases resulting from childbirth or miscarriage as "Dropsy," "Exhaustica." "Heart symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaema" (merely ary), 10 ds. causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; inqualified, is indefinite); Tuberculosis of lungs, menquences (e.g., sepsis, tolanus) may be stated under the ture of the injury, as fracture of skull, and couse taken. For VIOLENT DEATHS State MMANS OF INJURY State can e for which surgical operation was under vulsions." "Debility" ("Congenital," "Senile," etc.), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of 'contributory." Poisoned by carbolle acid-probably suicide. The natrain-accident: Revolver wound of head-homicide; Examples: Whooping cough; .. (name origin; "Cancer" is less definite; avoid Accidental drowning; Struck by railway Never report mere symptoms or terminal Chronic valvular heart discase; (R commendations on statefailure." "Coma," "Con-"Haemor-(disease

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N. B.

HYSI-Exact

	PLACE OF DEATH,	07969 STATE OF MARYLAND			
	County	CERTIFICATE OF DEATH			
1	THIN CORPORATE CIMITA OF	Registration Dist. No.			
	2FULL NAME SUPERING	Ward)  (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
	Thurt What Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)			
	6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h lalive on 1921, 1921,			
	7 AGE   If LESS than   I dayhrs.   ds.   ormin.	and that death occurred on the date stated above, at 11-4 m.  The CAUSE OF DEATH * was as follows:			
1	8 OCCUPATION (a) Trade, profession or particular kind of work	Tylino Clentris			
	(b) General nature of industry busineas, or eatablishment in which employed or (employer)	(Duration)yrsmosds,			
	9 BIRTHPLACE (State or country)	Contributory Secondary  (Dyrajion)yrsmosds.			
	10 NAME OF JULY HOSENON	(Signed) Tuy Durk M. [ 7 7 1927) (Address) Cambridge Mt.			
	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
	of MOTHER aldi fruit	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-			
	13 BIRTHPLACE OF MOTHER (State or Country)	ienta or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,			
	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?			
	(Informant) allie Horseman	usual residence			
	(Address) Ellit ml.	Ellists md. July 28. 1032			
	15 Fileskily 2 8 1930 ERWOY Registrar	Holson Horseria Collists, M.			
	If more banks are needed, addre.s Ltate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.			

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart Lance," "Old Age," "Shock," "Iraemia," "Weakness," etc., when a definite disease "Always qualify all ..... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-ChronicExample: Measles (disease etc. The contributory affection need not be valvular heart Nomenclature of the disease;

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MYSI- Exact		PLACE OF DE			,	05492	STATE OF MARY CERTIFICATE OF
ed.		(1000)	***************************************	- 9		31	Registration Dist. No
T CORD tated EXACTL roperly classificate.	Vil			(No.Eas		e State Hospit	& 1 St.: Ward) (If do a hose tion, stead numb
Stated stated of certification	PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEA			
ERMANENT hould be st t may be pr on back of	3 5	SEX 4 COLOR	OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the word	D 36	16 DATE OF DEATH	May 12,
MA Jild ay ba	-		ite	(Write the word	Married		(Month)(Day)
A (-) -=	6 [	6 DATE OF BIRTH				CERTIFY, That I attended to	
ACE Sthat			(Month)	29., (Day)	, 1890 (Year)	that I last saw her.	alive on May 12,
000	7 4		s. 5 1	mos. 14 d	If LESS than I day hrs. or min.?	The CAUSE OF DEA	rred on the date stated above, s TH * was as follows: ercular Meningitis
FADING INKTHIS be carefully supplied. EATH in plain terms simportant. See instru	0000	a) Trade, profession of a) Trade, profession of articular kind of work b) General nature of in usiness, or establishmen which employed or (emp BIRTHPLACE (State or country)	dustry ot in loyer)			Contributory Secondary	(Duration) yrs. Pulmonary Tubercu
N Par		10 NAME OF FATHER	Maryla			(Signed)	yrs. (Duration) yrs.
ITH sho	Robert F. Cooper  II BIRTHPLACE OF FATHER (State or country)  Maryland			O (Address Cambridge, disease Causing Death, or, in			
mation CAU	ARE	12 MAIDEN NAME OF MOTHER Winnie Parrage		16 LENGTH OF RE	tisease Causing Death, or, in tate (1) Means of Injury and or Homicidal.		
Information state	13 BIRTHPLACE OF MOTHER (State or Country). Maryland		of deathyrs				
Every Item of CIANS should statement of O	(Informant) E.S.S.Hospital Records  (Address) Cambridge, Maryland		-	ston, Maryland			
. BEve	15	Filed May 13	1930	TEWA	Registrar	20 UNDERTAKER James	Spence da
Z		U If more	bianks are	needed, address	State Registrat	16 W. Saratoga St.,	Balto, Requesting V. S. No. 1.

E OF MARYLAND ICATE OF DEATH

istration Dist. No.

Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BURIAL

ICATE OF DEATH May 12, nth) (Day) (Year). hat I attended the deceased from May 12, 19230 May 12, 19230. ate stated above, at 9 P. m. ollows: Weningitis ary Tuberculosis tion) ambridge. Maryland g Death, or, in deaths from ns of Injury and (2) Whether r Hospitals, Institutions, Trans-927 In the Talbot County

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Form loborer, Laborer—Coal minc, etc. Women at liome, who are engaged in the duties of the nature of the business or industry, and therefore an whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servand, Cook, ployed as At school, or At home. Care should be taken work, household only (not paid Housekcepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on be used only when needed. (b) Cotton mill; (a) Salesman. without more precise specification as Day (b) For persons who have no occupation Automobile factory. The material As examples: (a) (6) Grocery,

Statement of Cause of Death—Name, first, the pris-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: \*Cerebrospinal\* fever (the only definite synonym is \*Epidemic cerebrospinal meningitis"); \*Diphtheria\* avoid use of \*Croup"); Typhoid fever (never report "Typhoid Pneumonia"); \*Lobar pneumonia, Bronchopneumonia\* ("Pneumonia,")

> "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc., "Dropsy," "Ezhaustion," "Heart fallure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar, Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Corcinomo, Sarconia, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencurbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association.) approved by (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Committee on Nomenclature of the Example: Measles (disease etc. The contributory valvular heart disease,

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WITH UNFADING INKTHIS 19-A PERMANENT CORD-Every Item of information should be carefully supplied. WEE chould be stated EXACTLY, CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified statement of OCC. TION is very important. See instructions on back of certificate.	
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-Every Item of Information should be carefully supplied. WE should be stated EXACT CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCC. TION is very important. See Instructions on back of certificate.	

	PLACE	OF DEATH				0422	STATE	OF N	MARYLA	ND
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	PERSON	NAL AND STATIS	TICAL PARTICU	ILARS		MEDI	CAL CERTIFI	CATE	F DEATH	
3 SE	X	4 COLOR OR RACE	SSINGLE,		16 DAT	E OF DEAT				1930
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ST 1	OF FATH				1	*State the	Listase Causing	Death,	or, in de	aths from
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Registras

If more banks are needed, addre.s Ltate Kegistrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

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(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octhe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective c Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physicism, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-,, etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Salesman, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Sinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia")

(Recommendations on statement of cause of death carbolic acid-probably suicide. The n ture of the injury, telanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease Whooping cough; American 'Medical Association.) as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic varrum enhritis, etc. The contributory Always qualify all

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PLACE OF County O		ally	12384	STATE OF A CERTIFICATE Registration I St.: Ward)	OF DEATH
2FULL	NAME Solia.	L- of Here	black		tion, give Its NAME in- stead of street and number.)
PERSONAL	AND STATISTICAL PA	RTICULARS	MEDI	CAL CERTIFICATE C	OF DEATH
3 SEX 4	COLOR OR RACE SINGLE MARRIE WIDOW OR DIV (Write ti	ED. ORCED	16 DATE OF DEAT	H Ocf (Month)	/4 , 1930 (Day) (Year)
6 DATE OF BIRTH	(Month) (I	Day), 1 (Year)  If LESS than I day hrs. or min.?	that I last saw hand that death occ	BY CERTIFY, That I otto	ended the deceased from 193, 0,
a) Trade, profes particular kind o (b) General natur business, or estab which employed o	f work  e of industry lishment in	tru	Cari	(Duration)	yre. mos de.
BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER C (State or country)  12 MAIDEN NA	James C. 7.	near.	Contributory Secondary  (Signed)  *State the Violent Causes, Accidental, Suicida	O (Addresa) Coc.  Disease Causing Death, state (1) Means of In	or, in deaths from jury and (2) Whether
OF MOTHER  13 BIRTHPLAC  OF MOTHER  (State or County)	mag o	( Camp)	At place of deathyrs	mosds. In the	
(Informant)	Mentles Resolution Res	KNOWLEDGE	if not at place of d Former or usual residence	eath?	DATE OF BURIAL
File File	16 130 SE	Wolff Registrar	20 UNDERTAKER	, Balto., Requesting V. S	ADDRESS Cocheig Ma

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, tion applies to each and every cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Locomotive engineer, who are engaged in the duties of the For persons who have no occupation (a) the kind of work and also (b) the -Coul mine, etc. Womperson, irrespective of not gainfully em-(b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrospital fever (the only definite synonym is "Epidemic cerebrospital meningitis"); Diphtheria (avoid use of "Comp"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL perilonilis, "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menearbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Exhaustion," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Whooping cough; Recommendations on statement of cause of death planus) may be stated under the head of "contributory." pproved merican Medical Association.) FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic etc. The contributory valvular heart disease; Nomenclature

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V 8. No. 1

PLACE OF DEATH	10349 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
	Registration Dist. No.
audreed Md -	See Ward) (If death occurred in
2FULL NAME Hoces well &	St.; Ward) a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
WIDOWED OR DIVORCED	Sept 16, 1930
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
kerce 1860	Aug 27 190 to Sept 12 , 1930,
(Month) (Day) (Year)	that I last saw her alive on App. 15 1980,
7 AGE /     fLESS than	and that death occurred on the date stated above, at
6 1 3 4 I day hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	Chrice Fober Greenworce
8 OCCUPATION	
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yss,mos_3.0ds.
9 BIRTHPLACE	Contributory
(State or country)	(Duration) yrs
10 NAME OF	P 24 61
FATHER Rahent Joses.	
M 11 BIRTHPLACE	Left 16 1980 (Address) Caus bedge 160
OF FATHER (State or country) Many Range	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Seles Clara	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country)	of deathyrsds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
20 26	Former or
(Informant)	usual residence
and accelerate the	0 1 2 3/12/2
(Address)	acedreson med 1/11/375
Filed Sept 17 19230 mrs H. Lousich	20 MN DERTAKER ADDRESS
If more branks are needed, address tate Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs): business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of report specifically the occupations of persons enetc., Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Locomotive engineer, (b) Grocery;

EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Unanition," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi-Chronic valvular heart Example: Measles (disease etc. The contributory ," "Convulsions, disease;

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ation should be carefully supplied. ACE should be stated EXACTLY, PCAUSE OF DEATH in plain terms so that it may be properly classified. PERMANENT BINDING FOR S WITH UNFADING INK--THIS MARGIN RESERVED of information CIANS should state statement of OCCUR

V. S. No. 1

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County Nouckestu	O1587 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 111
Village or City ast New Market 2FULL NAME Willie 1/1/16	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  Sels 10 , 1930  (Month) (Day) (Year)
6 DATE OF BIRTH  Oct 16, 1990  (Month) (Day) (Year)	that I last saw har alive on 226, 7, 1950,
7 AGE 39 3 mos. 2 4 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work	Julientons of rengs
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Manyland	Contributory Secondary  (Duration)
11 BIRTHPLACE FRANK Meal	(Signed) Address) Thursday (M. D.
OF FATHER (State or country)  Muryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal.
of Mother Willie Hawken	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  Marylund	At place of desthyrsmosds.
(Informant) Level Dung	Where was disease contracted, if not at place of desth?  Former or usual residence.  DATE OF BURIAL
(Address) Gast Men Munful 15 Filed Feb. 11 1030 mis HY View	Car New Market full 1930
Registra?	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. fulness of various pursuits ean be known. The quesstate occupation at beginning of illness. If retired from additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. busines, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook ployed, as definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-." etc., Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day At school, or At home. Care should be taken (b) Automobile factory. The material For persons who have no occupation As examples: (a) (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted tern for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature of the "Debility" ("Congenital," "Senile," etc., "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL replicacemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptonistated unless important. (secondar) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory

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PLACE OF DEATH	STATE OF MARYLAND
County Dorchester	CERTIFICATE OF DEATH
nean 11	Registration Dist. No. // 0
Village or City Aurlock (No.	St.: Ward) (if death occurred in a hospital or institu
2FULL NAME Still Bonse 7	a hospital or institution, give its NAME in stand of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAD CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH  april 14, 1930	17 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)  7 AGE [If LESS than	that I last saw h live on , 192 , and that death occurred on the date stated above, at 201 m.
yrsds. ormin.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	and purify
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs,mosds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF A D L	(Signed) (Duration) yes mos ds.
U BIRTHPLACE John Toughes OF FATHER	4/2 (4 1930 (Address) Sullow 194
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Butha aldridge	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of death yrs nos. ds. State yrs thes nos.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) John Hughes	Former or usual residence
(Address) Hurlock	Relusborg afril 26, 1930.
Filed ofril 24 1980 Robert L Hoslings Registerer	John Hughes Hulock ma
If more bianks are needed, address State Registrar	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

four sex of child see thath centu

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queseupation is very important, so that the relative healthtircd 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e.g., Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every\_person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Serrant, Cook ployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a business, that fact may be indicated thus; Farmor (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-." etc., Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coul minc, etc. Wom-(b) Colton mill; (a) Salcsman, without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Stotionary fireman, etc. But in many As examples: (a) (6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ten a for the same disease. Examples: Cerebrosphul fever (the only definite synonym is "Epidemic cerebrosphinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumoniu, Bronchopucumonia ("Pneumonia,"

inges, perilonaeum, etc., Carcinomo, Sorcoma, approved by Committee on diseases resulting from childbirth or miscarriage as "Puerperal septicuemia," "Puerperal peritonitis," etc. "(Exhaustion," "Heart failure, Haemorniage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senilc," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of clanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; l'oisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; American Medical Association. Examples: Accidental drowning; Struck by railway troin "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease, etc. The contributory Nomenclature etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

S. No. 1

N. B.

PLACE OF DEATH	65493 STATE OF MARYLAND
County Premay	CERTIFICATE OF DEATH
- weit nonrenath Deite et	Registration Dist. No.
Village or City Chuludy (No. No.	St: Ward) (If death occurred in a hospital or institu
2FULL NAME Plaenty	fughs ) a hospital or institution, give its NAME II stead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wildred 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day), 1 q 3)	that I jast saw It shire on 192 192 192 192 192 192 192 192 192 192
7 AGE  Attu Grown   If LESS than   day hrs. or min.?	and that death occurred on the date stated above, at VI. 7 m The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Maener and formed forting
(b) General nature of industry business, or establishment in which employed or (employer)	are livery sfit (Duration) yre mos de
9 BIRTHPLACE (State or country)	Contributory Secondary  A.(Dyration)  yre mos de
10 NAME OF PULLUP AND	(Sined) M. D. M. D. M. D. M. D.
Il BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER WWW CWW CON	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
(Informant)	if not at place of dea.h?
(Address) Curling Mt	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  OSCILLATION 19
15 File May 38 1930 E Elvoff	20 N DERTAKER ADDRESS
If more blanks are needed, addre.s State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocer," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day Compositor, Architect, (b) Automobile factory. The material -Coal minc, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, Whooping cough; approved carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, "Atrophy," "Collapse, FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condiby Committee on Chronic ", "Coma," "Convulsions, etc. The contributory valvular heart disease; Nomenclature of the not be

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No. 116 (If death occurred in a hospital or institu-tion, give its NAME In-steed of street and ....Ward) number.) PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 3 SEX MARRIED WIDOWED. OR DIVORGEO .....(Day) Write the word) (Month) 6 DATE OF BIRTH (Day) (Year) If LESS than and that death occurred on the date stated above, at 7 AGE The CAUSE OF DEATH \* was as follows: I day hrs. ....min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)... Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE \*State the Disease Causing Death, or, In deaths from Violent Causes, atate (1) Means of Injury and (2) Whether OF FATHER (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents) 13 BIRTHPLACE In the OF MOTHER of death .....yrs ......ds. (State or Country) Where was disease contracted, if not at place of death?... Former or usual residence

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

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EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, Whooping cough; approved by Committee on taken. FOR VIOLENT DEATHS State MEANS OF INJURY American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature

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S. No. 1

	²FU	LL NAMI	E Will	iam John	Humphre
	PERSO	NAL AND	STATIST	ICAL PARTIC	ULARS
3 s	i le	4 colo	R OR RACE	SSINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the wor	Married.
6 t	ATE OF BIR	RTH	June (Month	13"	, 1866.
80		ofossion o	rs. 6		If LESS than I dayhrs. ormin.?
a (1	articular kin o) General n	d of worl	ndustry	l-Carrie	r.
bi w	articular kin	d of work ature of i stablishmer ed or (em	ndustry ent in ployer)		r.
bi w	articular kin  b) General n  usiness, or e  chich employ  IRTHPLACE  (State or co	d of work ature of i stablishme ed or (em untry)	ndustry ent in ployer)	l- <u>Carrie</u>	r.
bi w	articular kin  b) General n  usiness, or e  rhich employ  IRTHPLACE  (State or co	d of work ature of i stablishme red or (em untry)	ndustry ent in ployer)		
9 B	orticular kin  o) General n  usiness, or e  thich employ  URTHPLACE (State or co  1D NAME C  FATHER  11 BIRTHPL  OF FATH	d of work ature of i stablishmed or (em untry)  F  JOS  ACE	Mary Mary Shua H	land.	
WENTS WENTS	orticular kin  o) General n  usiness, or e  thich employ  URTHPLACE (State or co  1D NAME C  FATHER  11 BIRTHPL  OF FATH	d of work ature of i stablishme ed or (em untry)  F  JOS  ACE LER r country)	Mary Mary Shua H	land. umphreys	•
9 B	orticular kin  o) General n  usiness, or e  chich employ  URTHPLACE (State or co  1D NAME C  FATHER  11 BIRTHPL  OF FATH (State or  12 MAIDEN  OF MOTH  13 BIRTHPI  OF MOTH	ature of instablishment or (em untry)  DF  JOS  ACE  IER  I COUNTRY)  I NAME  HER  LACE	Mary Shua H  Mary Henian	land. umphreys	•

#### 14921 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 112.

78•	St.:W	/ard)	(If death a hospital tion, give stead of number.)	or institu-
MEDICA	AL CERTIFICA	TE O	F DEATH	
16 DATE OF DEATH	December	17	th.,19	3992
***************************************	(Month)		(Day)	(Year)
	CERTIFY, That			
December 17'				
that I last saw him	alive on Dec	emb	er 17"	1930.,
and that death occurr	ed on the date s	tated a	above, at 7	:40 Am.
The CAUSE OF DEATH	H * was as follow	78:		
Hemmorrhage				
tal dischar	rge of sh	otg	un tea	ring
away upper	third of	L.	Biceps	, yes-
sels & nerv		aaaa a aa <del>aa,</del> 70	• • • • • • • • • • • • • • • • • • • •	mos 1 HR.
01:::::::::::::::::::::::::::::::::::::	(Duration)	**********	yrs	mos
Contributory Secondary			······································	
Ø /	(Duration)		y10.	mosds.
(Signed) Odwar	000	- an	uku	
Dec.,17",30	• (Address)V	ien	na, M	[d •
*State the list Violent Causes, sta Accidental, Suicidal o	s ase Causing 1) to (1) Means or r Homicidal.	eath, f Inj	or, in dearry and (2	aths from 2) Whether
18 LENGTH OF RES		lospit	als, Institu	tions, Trans-
At place of deathyrsme		n the State	yrs	mosds.
Where was disease contra	ncted,			••••••
Former or usual residence				***************************************
19 PLACE OF BURIAL	_		DATE O	F BURIAL
Brookview, Mo	d.		IFCI	9,1930
H. H. Willoug	hby & Son	. 1	ARPMAS Md.	rket,

If more banks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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Statement of Cause of Death—Name, first, the Discretion Cause of Death—Name, first, the Discretion Cause of Death—Name, first, the Discretion Cause of Cause of the primary affection with respect to time and causation), using always the same a cept to the came of cause of the same disease. Examples: Cerebro pind fever (the only definite synonym is "Epidemic cerebrol fever (the only definite synonym is "Epidemic cerebrol spinal-meningitis"); Diphilleria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar Typhoid Pneumonia, Bronchopneumonia ("Pneumonia,")

Approved by Committee on Apprican Medical Association.) stated unless important. Example: Measles (disease Alecommendations on statement of cause of "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anacmia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJUNY Chronic valvular heart disease, Nomenclature

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JAN

	2FU	LL NAM	e Ch	ristopher	Columb	us Hu	rley
	PER90	NAL ANI	STATIST	ICAL PARTICU	LARS		ME
3 9	EX Male	-	ite	MARRIED, WI WIDOWED. OR DIVORCED (Write the word)		16 DATE	OP DE
6 0	ATE OF BIF	тн	Control of the Contro			17	I HE
		Dec	ember (Month)	10th.,	, 1.847. (Year)	that I Is	at saw
7 A		82	yrs. 7	mos. 22 ds.	If LESS than I day hrs. or min.?		SE OF
1		ofession of wor	k	Retired Farmer.			babl itis
b	o) General rusiness, or e hich employ	stablishm	industry ent in ployer)	•••••		Cont	ributory
9 E	(State or co			Maryland.		Sec	andery aut
	10 NAME C		Samuel	Hurley.		(Signed)	
ENTS		IER r country)		Maryland.		*S Violen	tate that Cause
AR	OF MOT		***	Cheezum.		18 LENC	TH O
	13 BIRTHP OF MOT (State o			Maryland.		At place of death	уга
14		(1)		rley, (Son		Former or usual res.	place dence
		-		R.D., Md			ffir
15	Filed 2	1020	192 Fale	vard G. o	Registra	Will	

#### STATE OF MARYLAND

Ward)

Registration Dist. No. 112

(If death occurred in a hospital or institution, give its NAME irstead of street and number.)

- M		Control of the Contro
MEDICA	L CERTIFICATE	OF DEATH
16 DATE OF DEATH	August 2n	d.,1930, <sub>192</sub>
17 I HEREBY C		(Year)(Year)
•••••	192 to	, 192
that I last saw h	alive on	192
The CAUSE OF DEATH	* was as follows:	in attendance
		rstitial Ne-
	(Duration) 1 1	yrsmosd
Local Reg	istrar, NOT	attending M. I
*State the list Violent Causes, stat Accidental, Suicidal or	ase Causing Death e (1) Means of i Homicidal.	, or, in deaths from njury and (2) Whether
18 LENGTH OF RESI ients or Recent Resi At place of deathyrs	dents) In th Line the state of	e yrs. mos. c
19 PLACE OF BURIAL	OR REMOVAL	DATE OF BURIAL
Griffin's I		Aug.,4", 1930
20 UNDERTAKER Willoughby &	son.	E.N. Market, Me

If more blanks are needed, address trate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesmon. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesmon. (b) Grocery; additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Form laborer, Loborer-Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, c. g., Former or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Piysieian, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Stationary fremon, etc. But in many Doy

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V. S. No. 1

N. 83.-

1PLACE OF DEATH	
County Dorchester	) \$ ** 40 0 0000 00 00 policing mound
illage or City Vienna, 1	R.D. (No.
<sup>2</sup> FULL NAME	Elig

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

(129)

Registration Dist. No. 112.

Vi		Vienna, R.			St.:Ward)	tion, give its NAME in stead of street and
_	2FULL	NAME	Eligha	Hurley	•	number.)
	PERSONA	L AND STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE C	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.  MARRIED, Married.  Widowed Married.  OR DIVORCED (Write the word)		16 DATE OF DEATH May 4th.,193				
6	DATE OF BIRTH		4th.,	, 1845. (Year)	I HEREBY CERTIFY, That I att. May 4th. 192 O to May that I last saw him alive on May	3rd., 1930
7 AGE   If LESS than   1 day hrs.   1 day hrs.   0 de.   or min.				I day brs.	and that death occurred on the date stated The CAUSE OF DEATH * was as follows: Chronic Interstitial N	
) (H	b) General natu ousiness, or esta	of work Met 1.  Ire of industry  blishment in  or (employer)	RYLAN Hurley.		Contributory Arterio-Scle Secondary  Contributory Arterio-Scle	Ogra mos da.
RENTS	OF FATHER (State or co	country) MA	RYLANI	)	*State the Lissase Causing Death, Violent Causes, state (1) Means of Inj	er, in deaths from
PAR	OF MOTHER  13 BIRTHPLAC  OF MOTHER  (State or co	CE MA	Lankford RYLAN		18 LENGTH OF RESIDENCE (For Hospit ients or Recent Residents)  At place of death yrs	als, Institutions, Trans-
14	(Informant)	Sewell Hur	ley.(Neph		if not at place of death?	DATE OF BURIAL
(Address) Vienna, R.D., Md.  15 Filed 5 - 193092 Edward E. Lau Rum. Registrar			enkur.	Vienna, Md.  20 UNDERTAKER Willoughby & Son,	AY 6 1930 E.N. Market,	

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs, whatever write None. state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness. that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed us At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material single word or term on (6) Grocery;

Statement of Cause of Death—Name, first, the Disease of USING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on telanus) may be stated under the head of "contributory." American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was :undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condietc. The contributory Nomenclature Measles ; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1930

STATE OF MARYLAND ACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 110 EXACTLY y classiti .....Ward) If death occurred in a hospital or instituion, give its NAME in--tead of street ... amber.) certifi stated proper MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 1 COLOR OR RACE | 5 SINGLE, 3 SEX 0 MARKIED, WIDOWED (Month) pinous may n bac OR DIVORCED (Write the word I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH tha (Month) (Day) (Year) and that death occurred on the date stated above, at ... 0 7 AGE If LESS than I day ... . hrs. ....mos......ds. or ... min. teri 0 8 OCCUPATION (a) Trade, profession or plain particular kind of work... (b) General nature of industry business, or establishment in which employed or (employer) ..... Secondary BIRTHPLACE (State or country) (Duration) .....yrs. .....mos... MARGIN 10 NAME OF 0 FATHER sh 0 11 BIRTHPLACE u 2 ENT \*State the Disease Causing Death, or, in deaths from 00 OF FATHER Violent Causes, state (1) Means of Injury: and (2) whether (State or country Accidental, Suicidal or I'omicidal 00 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER ients, or Recent Residents) 13 BIRTHPLACE At place of death .... yrs. .... rnos..... da. In the OF MOTHER State, ....yrs......mos.... (State or country Where was disease contracted, if not at place of death?... Former or usual residence. Every it CIAMS statement DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL ADDRESS UNDERTAKER wore blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as House vije, Househouseheld only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer Farm laborer, Laborer-Coal mine, etc. worked on may form part of the second statement. Never return "fashorer," "Foreman," "Manager," "Deal-(a) Foreignn. (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocory; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, specially in industrial employments, it is neces-Civil engineer. Stationary firemen, etc. But in many Thysician, Compositor, Architect, Locomotice engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applie, to each and every person, irrespective of fulness of various parsuits can be known. The quescupation is very important, so that the relative healthtired o wis.). For persons who have no occupation business that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the pisease causing DEATH, gaged in domestic service for wages, as Serrent, Cook, to report specifically the occupation: of persons enployed, as 41 "chool or .11 home. Care should be taken work. or 11 whatever, write None. Housewaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day Home, and children, and gainfully em-Wom-

EASE CAULING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the came disease. Examples: Cerebrosphed fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "('roup"); Typkoid fever (never report "Typhoid pneumonia,".

Lobar pneumonia, Bronchopneumonia ("Pneumonia").

stated unless important. niges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart failure." "Hacmorsymptomatic), "Atrophy," "Collapse," "Coma," "Convulsions." "Debility" ("Congenital," "Senile," etc.), conditions such as "Asthenia," ary). 10 ds. causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"PUERFIEAL seplicaemia." "PUERFERAL poritonitis," can be ascertained as the cause. Always qualify all Whooping cough; quences (e.g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely mont of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railrow Nomen clature of the American Medical Association.) FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitual nephritis, etc. The contributory Never report mere symptoms or terminal Chronic valvulur heart discuse; (Recommendations on state-Example: Measles "Luaemia" need not be Meastes; (second-(discase (merely

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ed EXACTED erly classificate. ... Ward) e proper of certi should be state it may be prop PERSONAL AND STATISTICAL PARTICULARS PERMANEN SINGLE, 3 SEX MARKIED, WIDOWED OR DIVORCED (Write the word) BINDING DATE OF BIRTH supplied FE supplied FE so that it so that i (Day) (Tear) (Month) 7 AGE If LESS than FOR OCCUPATION RESERVED (a) Trade, profession or TEATH in plain very important. So particular kind of work ... (b) General nature of industry WITH UNFADING business, or establishment in which employed or (employer)..... (State or country) MARGIN onid 10 NAME OF TATHER 10 9 ENTS II BIRTHPLACE 니 고 OF FATHER (State of country C (9) 0 00 12 MAIDEN NAME 4 OF MOTHER state 000 IS BIRTHPLACE OF MOTHER Clans should a statement of Of (State or country) (Informant) 19 PLACE OF BURIAL OR REMOVAL 80 " more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. //6

If death occurred in a hospital or instituion, give its NAME in-etence of street and amber.)

DATE OF BURIAL

ADDRESS

MEDICAL	CERTIFIC	ATE OF	DEATH	
16 DATE OF DEATH	3/7	20	(Day)	18230
	(Mon)	th)	(Day)	(Year)
17 I HEREBY CER	TIFY, That		ed the dec	entra and an analysis of the same and an analysis of the s
that I lost saw hours	live on	3/19		, 192. 3,
and that death occurred o	n the date	stated al	bove, at 2	am
The CAUSE OF DEATH A	was as foll	lowsi		/
			222220000000000000000000000000000000000	
	,			
	(Duratio	m)3	rsm	08d4
Contributory Secondary				
	(D	>	and Pri	as the de
Than	U M	/ /	/13,	7
				м. D
3/22 1923	Address)	11	ulou	MA
*State the Disear Violent Causes, state Accidental, Suicidal or	c Causing	Death, or	r, in death : and (2)	ns from whether
18 LENGTH OF RESID		Mospital		ons, Traes
ients, or Recent Reside	nts)	In the		
At place of death yrs mos	da.	State,	yrs	mos da
Where was disease contracted, if not at place of death?		000 000 0000 HADDART	-0	
Former or				

(Approved by U. S. Census and American Public Health Association.)

ployed as Ar "chool or At Lome. Care should be taken to report specifically the occupations of persons enwork, or As Hones, and children, not gainfully emstate of the then it including of illness. If retired from or give. In an account of the DISEASE CAUSING DEATH. gaged in lamestic service for wages as Servant, Cook definite salary), may be entered a. Housewije, House household only (not paid Housekeepers who receive a en at some, who are enviged in the duties of the should be used only when needed. As examples: (a) additional line i provided for the latter statement; it nature of the busines or industry, and therefore an sary to know (c) the kind of work and also (b) the Civil engineer. Stationary premen, etc. But in many tion applie to each and every person, irre-pective of whatever wite None. tired was.). For persons who have no occupation busin a last fast any be indicated thus: Firmer (re-House meil laborer Farm laborer, Laborerer," etc.. Never return "Laborer," "Fereman," "Manager," "Dealworked or may torm part of the second statement (a) Foreness (b) Astomobile factory. Spinner. A. Cotton mill; (a) Salesman, (b) Grocery; Physician Compositor, Architect, Locomotive engineer the first line will be sufficient, e.g., Farmer or Planter empation is very important, so that the relative health Statement of Occupation-Precise statement of ocspecially in inclusivial employments, it is neceswithout more precise specification as Day et : If the occupation has been changed o constians a single word or term on percains can be known. The ques--Coal mine, etc. Wom-The

EASE CALL ARISE Of Death—Name, first, the bise EASE CALL ARISE (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fevo. the only definite synonym is "Epidemic cerebro spinal manimitis"): Diphth ria (avoid use of "Croup"); Typhoid fevor (never report "Typhoid pneumonia"); Lobar precanonia, Bronchopneumonia ("Pneumonia,")

use of "Tumor" for malignant neoplasms); Measles; quences (e. g., sepsis, ictanus) may be stated under the diseases resuiting from childbirth or miscarriage as "Uracuja." "Feakues the cause. Always qualify all rhage," "luanidon" "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Con-rulsions," "Debility" ("Congenital," "Senile," etc.), conditions, such as "Asthenia," ary), 10 os. causing death). 29 ds.; Bronchopneumonia stated unload important. Chronic derstitial acphritis, etc. The contributory nyes peritonacum, etc., Carcinoma, Sarcoma, etc., of ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and consetrain-accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under "Puerperal septicaemia," "Puerperal peritonitis," etc. "Dropey. rulsions." (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; inqualified, is indefinite); Interculosts of lungs, men-Nomenclature of the American Medical Association.) Poisoned by cerbalic acid-probably suicide. Examples: ...... (nume origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MICANS OF INJURY " "Exhausticu," "Heart failure." Accidental drowning; Struck by railway Never report mere symptoms or terminal (Recommendations on state Example: Mensles (disease "Anaemia" .Haemor-(second-(merely

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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Doubish	0917 CERTIFICATE OF DEATH
	Registration Dist. No. // 6
WITHIR TORPORATE LIMITO UF	
Village or City Mulling Ind (No.	St.: Ward) (If death occurred in a hospital or institu
2 FULL NAME Day Slanchs	Harly tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Mooth)  (Day)  (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192. to Guy. 9, 1921 that I last saw him alive on Guy. F 1921
7 AGE [If LESS than	
17 yrs. 4 mos. 3 ds. or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION  (a) Trade, profession or particular kind of work	Gulmany gubralous
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duretion)yrs, mosds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)
10 NAME OF FATHER AM L. Huly	(Signed). Question yrs. nos. ds.
OF FATHER  (State or country)	*State the Usesse Causing Death or in deaths from
12 MAIDEN NAME OF MOTHER THING COMMING	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) In Alm L. thulus,	Former or usual residence
(Address) Danhih mg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Ang. 11, 1930
Filed ay, 11 1920 Ellwolf Registras	20 UNDERTAKER ADDRESS  Land Control Control Control
If more blanks are needed, address tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

1930-4-6-3

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septitaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway train-(secondary or Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY intercurrent) Chronic etc. The contributory affection need not be valvular heart disease; Nomenclature of the

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V. S. No. 1

N. B.

Exact

PLACE OF DEATH feelage	00178 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
	Registration Dist. No. 1/0
Village or City (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WILL OR DIVORCED (Write the word)	16 DATE OF TATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 PHIREBY CERTIFY, that I attended the deceased from
July 1930	that I last saw ha alive on , 192,
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, atm,
I day hrs.	The CAUSE OF DEATH * was as follows:
Stell yrs. Serned ds. or min.	
(a) Trade, profession or	Jack sun
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration)yreds
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary (Duration)yrsmosds
10 NAME OF CH	(Signed) Jf 70g (M.D.
FATHER Celler Furley	192 (Address) Thurself Ref
OF FATHER  (State or country)  12 MAIDEN NAME 7	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER hanns mas trules	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER	ients or Recent Residents)  At place In the of deathyrsmos,ds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was diaease contracted, if not at place of death?
hall della	Former or usual residence.
(Informant) Muller Julier	19 PLACE OF BURIAL, OF REMOVAL DATE OF BURIAL
(Address) Vecler & Inda 15 fr at	Treuna Ind aug 1, 1030
15 Filed Ree 7' 1920 North Hashugo	OUNDERTAKER ADDRESS
Registrar	Maller & Fundy Viller Ing
If more bianks are needed, address State Registra	r, 16 W. Sararoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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V. S. No. 1

PLACE OF DEATH County	10350 STATE OF MARYLAND CERTIFICATE OF DEATH
THIR CORPORATE MINISTER OF	Registration Dist. No. //6
Village or City (No. Author)  2FULL NAME Plane Queen	Ward)  (If death occurred in a hospital or institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	MEDICAL CERTIFICATE OF DEATH
A COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 2550M 9/3/3,0192 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Japane 18 1896	, 192, 192
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE [If LESS than	and that death occurred on the date stated above, at 12,05 Pin
3.4 4 15   I day hrs.	The CAUSE OF DEATH * was as follows:
B OCCUPATION ds. or min.?	as well of being smith
(a) Trade, profession or	aown organional
particular kind of work  (b) General nature of industry	9-1-30 ax Harlow ma
Qusiness, or establishment in which employed or (employer)	O'unclaid terry (Duration) yrs, mos, ds
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Leaves & Herry	(Signed) Store Organian De Store March Store Store March Store Sto
0) 11 BIRTHPLACE OF FATHER OF FATHER	7 4 193 O (Address) Autor of the form
C (State or country)  12 MAIDEN NAME  OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Dora alkers	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER M. S. L.	At place of deathyrsmosds. In theyrsmosds
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Hullock, and
How there ele	Former or Hulank, And,
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Vegental. Med	Can't Kend met Ind 9/5/30
15 Filed Seft 5- 1920 Ellelf Registrar	20 UN DERTAKER ASDRESS
If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemun, etc. But in many cupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Furner treor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Foreman, For many occupations a single word or term on or yrs). Form laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. (b) At Home, and children, not gainfully emwithout more precise specification as Day (b) Automobile fuctory. The material For persons who have no occupation Grocery,

Statement of Cause of Death—Name, first, the planease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup" Typhoid fever (never report "Typhoid Pneumonia." Lobar pneumonia, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "PUERPERAL septionomia," "PUERPERAL perthonitis," etc. stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges; perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on letonus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State eause for which surgical operation was under-"Exhaustion," Whooping Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular heart disease; Nomenclature not be

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(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Houseer," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Fafmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Codic, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealaborer, Foreman, For many occupations a single word or term on OF yr's). Farm laborer, (b) Cotton mill; (a) Salcsman. (b) At Home, and children, not gainfully emwithout more precise specification as Doy (b) For persons Automobile factory. The materia Laborerwho have no occupation Coal mine, etc. Grocery, Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebraspinal fever (the only definite synonym is "Epidemic-cerebraspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by Committee on Nomenclature Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Exhaustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, cough; ngenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. The Always qualify all contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

State Hospital

Maryland.

Moun Cambridge

Eastern Shore

County Dorchester

Village or City

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Ward)

(If death occurred in a hospital or Institution, give its NAME in-stead of street and number.)

importa

refully supplied. ACE should be stated EXACTLY, Find plain terms so that it may be properly classified. PERMANENT BINDING FOR supplied. RESERVED UNFADING INKcarefully of information should be cauld state CAUSE OF DEATH MARGIN Every Item of information CIANS should state statement of OCCU

	2FUI	LL NAME.	liurray	Hutchi	nson	***********
	PERSON	AL AND	STATISTIC	AL PAR	TICUL	ARS
3 5	ale	4 COLOR Whi	On mace	SINGLE, MARRIED WIDOWE OR DIVO (Write the	D, RCED	igle
6 [	DATE OF BIR	тн	(Month)	Da (Da		1.878 (Year)
7 A	GE	52 yrs	,m	08	1	fLESS than day hrs. or min.?
() p () b	occupation a) Trade, pro articular kind b) General ne usiness, or es which employ	d of work ature of inc stablishmen	t in	Cler	k	
9 E	(State or cou	intry)	Laryland			
	10 NAME O		liam A.H	utchin	son	
ARENTS	OF FATH (State or		Maryl	and		
PARE	12 MAIDEN NAME OF MOTHER Annie R.Bamberger					
		Country)	Marylan			
14	(Informant	Hosp	Ital Rec		OWLE	OGE
	Filed	V. /	74	K. L.L.		Registrar

16 DATE	OF DEATH				
	**************	Ju	ly	27	, 1:80
***************************************		()	Ionth)	(Day	7) (Year)
17	_				the deceased fron
النجالي	18	1925	to Ju	ly 27	, 1920
that I las	t saw h.il	alive on	July	27	1930
and that	death occu	rred on the	date sta	ted above,	at 4.05 A.m
		TH * was as			
	Cereb	ral Hemo	rrhag	Θ	
,	•••••				
			***********	8 h	rs
		(Du	ration)	yra	da
Contri	butory E	pilepsy			
Seco	ndary			2/	
-		AD.	ration)	J. yrs	ds
(Signed)	1.6	marl	LA	The	Olerrem. D
July	27 192	30 (Address)	Cambr	idge-M	aryland
*St					
Violent Accider	Causes, a	state (1) Me	eans of	Injury a	n deaths from nd (2) Whether
					nstitutions, Trans
	r Recent R				
At place 1 of death	5 yrs. 2	mos. 9 ds.	In	the Lif	Qs. mes. d
Where was	place of de	ntracted,			
Former and	bridse	-Marylan	d		
19 PLACE	OF BURI	AL OR REMO	VAL	△ DA	TE OF BURIAL
La	mbr	idge	ma	( pu	ly 29, 19 8
	RTAKER	11		ADD	RESS
20 UND		A All		AV	/

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Physician, Statement of Occupation-Precise statement of oc-Foreman, (b) For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation If the occupation has been changed Automobile factory. The material (b) The ques-Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The niture of the injury, or as probably such, if impossible to determine definitely can be ascertained as the cause. Always qualify all "Exhaustion," approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., scpsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic valvular hourt disease; nephritis, etc. The contributory "Haemorrhage,

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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Dwhsh	09179 CERTIFICATE OF DEATH
AITHIN CORPORAGE MINITE OF	Registration Dist. No. // 6
Village or City (Mahaya My (No.	St.: Ward) (If death occurred in
2FULL NAME Jame E. Inc	tion, give its NAME in-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  Solvey - 1938  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Aug. 23 192 to Aug. 26 , 192 , that I last saw han alive on Aug. 26 , 192 ,
7 AGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, at 230 m. The CAUSE OF DEATH * was as follows:
s occupation (a) Trade, profession or particular kind of work (b) General nature of industry	aute Eulers. Colita
business, or establishment in which employed or (employer)	(Duration)yrsds.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Durstion) yrs mos. ds,
10 NAME OF father Ans E. Analy	(Signed) Sewage M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Matte WMy	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
Dan Chan masher:	Former or usual residence
(Address) Canhy	Canhal M Date of BURIAL  Canhal M Date of BURIAL
15 Filed any 27 1930 ElWolff Registrar	Winh C. Wang Cambrill by
If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material whatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the not gainfully em-(b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilaria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopncumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Debility" ("Congenital," (secondary or intercurrent) affection need not be approved by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on "Heart failure," "Haemorrhage, Chronic valvular etc. The contributory Nomenclature heart disease;

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d xxact	PLACE OF DEATH County Downlester	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
T CORD ated EXACTLY, openly classifie	Village or City Cembridge (No. 1)	St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
T ated operior	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MANEN uld be st ay be pr back of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  3 0 , 193 0 , 193 0
PE so	oct 2 1924	that I last saw h imagine on New 3 0 , 1930.
upplied. Act terms so that ee Instructions	(Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  1 day	and that death occurred on the date stated above, at 3 m. m. The CAUSE OF DEATH * was as follows:
Carefully s TH in plain	a) Trade, profession or particular kind of work b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration) yrs. mos. // O. ds  Contributory Secondary
ITH UN should se of D	11 BIRTHPLACE OF FATHER (State or eountry)	(Signed) Carried M. D  (Signed) Carried M. D
ormation street	12 MAIDEN NAME OF MOTHER WILL FURBON  13 BIRTHPLACE	Aecidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
of int	OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos ds State yrs mos ds State yrs ds
WHENE Every Item CIANS sho statement	(Address) Carblinde nd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL COMPLETE AGENT DESCRIPTION 197.
Ti.	Filed OW 2 198 0 Sewoff Registrar	Lemis H. Bayun Carbente

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive gaged in domestic service for wages, as Scream, Cook-Housenwid, etc. If the occupation has been changed en at home, who are engaged in the duties of the laborer, business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. Foreman, For many occupations a single word or term on or yrs). For persons who have no occupation, Farm laborer, Loborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; At Home, and children, not gainfully emwithout more precise specification as Day (b) Automobile foctory. The material person, irrespective of engineer,

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptaed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," 'Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of letants) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis carbalic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. diseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mcrely symptom-Examples: Accidental drowning; Struck by railway troinand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as cough; ('hronic etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all questions inswered in detail, it will prevent further correspondence. All the dutal is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Conchesta	STATE OF MARYLAND  CERTIFICATE OF DEATH  Registration Dist. No. ///
Village or City Cort hew Marchet.	St: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mac Block Single, Married, Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH  (Mowth) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	May 11 1920, to may 11 , 193.0.
(Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  If LESS that I dayhr.  OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE  OF FATHER	The CAUSE OF DEATH & was as follows:
(State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  At place of death
(Address) Gost New Market  (Address) Gost New Market  Filed May. 13 1936 Mrs H.J. Nicolo Registrar  W more blanks are needed, address State Registrar	Soot New Market May 14, 1980. 20 UNDERTAKER ADDRESS  N.N. Willoughby E. New Market

(Approved by U. S. Census and American Public Health Association.)

L.ture of the business or industry, and therefore an rary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fuiness of various pursuits can be known. The quescupation is very important, so that the relative heaithworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salury), may be entered as Housewife, House. household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foreman, (b) Automobile factory. tweed 6 yes.). For persons who have no occupation lusiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed saged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwhatever, write None. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day The material

Etacement of Cause of Death—Name, first, the bis-EASE CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhold fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronohopneumonia ("Pneumonia.")

> stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcona, etc., of unqualified, is indefinite); Tuberculosis of lungs, menary), 10 ds. Never report more symptoms or terminal Chronic interstitial nephritis, etc. The contributory rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (merely causing death), 29 ds.; Bronchopneumonia (second-...... (name origin; "Cancer" is less definite; avoid diseases resulting from childhirth or miscarriage as can be ascertained as the cause. Aiways qualify all vulsions," "Debility" ("Congenital," "Senile," etc.), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; head of "contributory." quences (e. g., sepsis, tetanus) may he stated under the ture of the injury, as fracture of skuli, and conse-Powoned by carbolic acid-probably suicide. train-acodent; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or State cause "Purperal septicaemia," "Purperal peritonitis," etc. "Uraemia," "Weakness," ctc., when a definite disease "Dropsy," "Exhaustion," "Heart failurc," "Haemor-Nomenciature of the American Medical Association.) ment of cause of death approved by Committee on FOR VIOLENT DEATHS STATE MEANS OF INJUST for which surgical operation was under-(Recommendations on state-The na-

If this cartificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. 7

1PLACE OF DEAT			07970 9FD	STATE OF M	
County Work Williams			Registration Dist. No.		
Village or City Cambridge - Laryland  2FULL NAME Lucinda Jackson				St.:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND	STATISTICAL PARTIC	JLARS	MEDIC	AL CERTIFICATE O	F DEATH
Female 4 COLOR Whit	MARRIED,	Widow			(Day) (Year)
DATE OF BIRTH	May 19 (Month) (Day)	, 1853 (Year)	17 I HEREBY	CERTIFY, That I atte	27 , 1930
AGE 77 yrs.	. 3 <sub>mos.</sub> 8 de	If LESS than I day hrs. or min.?		red on the date stated	above, atm
(a) Trade, profession or particular kind of work	None		Cerebral	arteriosclero	10 appennents s 4 0 0 ha <b>ngs</b> o o o o o o o o o o o o o o o o o o o
(b) General nature of ind business, or establishment which employed or (employed	in				ral years
BIRTHPLACE (State or country)	Maryland		Contributory Secondary	Duration)	yrads.
10 NAME OF FATHER	Unknown		(Signed) July 2 July 2 192	(Address) Cambrio	ge-Maryland
OF FATHER  (State or country)	·			isease Causing Death, ate (1) Means of Injury	or, in deaths from ury and (2) Whether
12 MAIDEN NAME OF MOTHER	Unknown		18 LENGTH OF RE		als, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)			At place 4 of death yrs	14 In the State	Life mos de
4 THE ABOVE IS TRUE TO (Informant) HOSPit		EDGE	if not at place of dea	te Haven-Karyla	nd H
	tern Shore State	Hospital	19 PLACE OF BURIA	L OR REMOVAL	PATE OF BURIAL

20 UNDERTAKER

Registrar

If more bianks are needed, address State Registrar, 16/W. Saratoga St., Balto., Requesting V. S. No. 1.

ADDRESS

S. No. 1

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never rcturn "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a yrs). without more precise specification as Doy For persons who have no occupation single word or term on Locomotive engineer, (6) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonoeum, etc., Careinoma, Sarcoma, etc., oi "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Whooping cough; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS STATE MEANS OF INJURY American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Committee on Chronic valvular heart disease, nephrilis, etc. The contributory Nomenclature of the Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

N. B.--

HYSI-Exact

PLACE OF DEATH  County Drohuea	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Carelling (No. No. 2FULL NAME Way & Jackson	St.; Ward) (if death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemu Color or race Single, Married, Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH  9 9 192  (Youth) (Day) (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  19250 to 9/9, 19250  that I last saw h alive on 9/9, 1920,
7 AGE	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	delivery Person Out Post been de Contributory Person Out Post been de Contributory De Contribu
10 NAME OF FATHER WILL WAR AUTHORS  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER APPRIL	(Signed).  (Signed).  (Addresa)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents)  At place of death
(Informant) Com. Puelling (Address) Work nu hundelffile  Filed P 1920 Elleff Registrar	Former or usual residence Mules, md.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER ADDRESS  C. N. May Left M.

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation without more precise specification as Day

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrdspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death "letanus) may be stated under the head of "contributory." American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory affection need valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH County Docules County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Village or City Cambridge (No. Parelle J.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Block SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 9 , 192 6
6 DATE OF BIRTH COVENILLE (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930. to Dr. 9 4, 1930, that I last saw han alive on Not of all 192,
7 AGE  14 yrs. mos. ds. or min.?  8 OCCUPATION (1) Trade, profession or	and that death occurred on the date stated above, at 6.15 m, The CAUSE OF DEATH * was as follows:
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
10 NAME OF FATHER CONCRETE OF FATHER	(Signed)
(State or country)  12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OTHER OTH	Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the State yrs Means of In the State yrs Means (2) Whether Accidents (2) Whether Accidental transitions (3) Whether Accidental transitions (
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) Cambridge Md.  15 Filed Ww. 12 1986 Elloff Formation	Waugh Gemelery Dec 12 1930 20 UN DECTAKER Of Clair Camb, Md.
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. busine --, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scruant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the r," etc., Foreman, (b) Automobile foctory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal minc, etc. Wom-(b) Grocery

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

> American Medical Association.) stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; Examples: Accidental drowning; Struck by rollway trointaken. Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY " "Marasmus," "Old Age," "Shock," Chronic valvular heart disease; etc. The contributory not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 7 19

S No I 0

1PLACE OF DEATH County Louchester	05496 STATE OF MARYLAND CERTIFICATE OF DEATH
WITHIN WEST ORATS LIMITE OF	Registration Dist. No.
Village or City Cembudge (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME isstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenule Oulored (Write the word)	16 DATE OF DEATH W 64 13 , 1936 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day), 1497  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  Multin in all 1920 to 1920,  that I last saw he alive on in april 1920,
7 AGE    If LESS than   I day	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Particular kind of work	Jubicions Pulm P Juliumal
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)ds.
9 BIRTHPLASE (State or country) Lamerset Country	Secondary (Duration)
FATHER Seo. W. Maddaf	(Signed) (Address) Cambridg MM
OF FATHER (State or country) Summerset County	*State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Mary V. Hauston	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Lumeret County	At place of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	it not at place of dea hy.
(Informant) Euleal F. Maddot (Address) Sambide Ind	19 PLACE OF BURIAL OR RESPOYAL DATE OF BURIAL  May 16, 1936
15 Filed May 15 1930 E Elloff Registral	20 UNDERTAKER  2. M. At. Clair Cambridge
If more banks are needed, addre a Ltate Negistral	r, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whatever, write None. definite salary), may be entered as Housewife, Housesary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to e ch and every person, irrespective ci worked on may form part of the second statement. " etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day many occupations a single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." carbolic acid - probably suicide. The n-ture of the injury, "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," (E:haustion," "Heart failure," "Ilaemorrhage," "Shock," "Shock," st\_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as accidental, suicidal or Homicidal, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as "" "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. The contributory affection need valvular heart Nomenclature disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.

Exact

PLACE OF DEATH	10353 STATE OF MARYLAND
County DV	CERTIFICATE OF DEATH
ISTIN CORPORATE LIMITO	Registration Dist. No. // 6
Village or City Could have the No. 2FULL NAME Sufaul se	St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 9 , 192 (Month) (Day) (Year)
6 KATE OF BIRTH 93	17 I HEREBY CERTIFY, That I attended the deceased from
9 9. 1	192 to 9, 192
(Month) (Day) (Year)	that Last saw h alive on 779, 1920
7 AGE II LESS than	and that death occurred on the date stated above, at 9 m
ful form I day hrs.	
mos. ds. or min.?	De transport
(a) Trade, profession or	from ouprecessor to
particular kind of work (b) General nature of industry	skul for deliver
business, or establishment in	(Dursion) yrs moo de
which employed or (employer)	Contributory
9 BIRTHPLACE (State or prognery) when I work to	Secondary (Duration) yrs mos ds
10 NAME OF FATHER am. Caelyn	(Signed) SILO PT MILE M. D
M II BIRTHPLACE	(Address) Teller Me)
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Way 2, Sample	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER	ients or Recent Residents)  At place of deathyremosds, Stateyremosds
(State or Country)	Where was disesse contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) UMB- Vuerdom	usual residence Itulant, Mid
(Address) E. N. Workelling	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  9 N. M.
Filed \$ 9 1930 ERWORF	20 UNDERTAKER ADDRESS
//Registras	M. H. Marandan 10 V. Woman war
If more bianks are needed, address State Registrate	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons enapplies to each and every person, irrespective of For many occupations a single word or term on especially in industrial employments, it is neceswitbout more precise specification as Day But in many

spinal meningitis"); Diphtheria (avoid use of "Croup fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> (Recommendations on statement of cause of death telunus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrbage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY " "Weakness," etc., when a definite disease Chronic etc. The contributory affection need valvular heart disease; Nomenclature of the not

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

permanently filed.

MEDI

I HEREB

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St:Ward)	(If death occurred in a hospital or institu- tion, give its NAME In- stead of street and number.)
CAL CERTIFICATE O	F DEATH
(Month)	28, 1930 (Day) (Year)
192 —. to	, 192,
alive on	, 192,
TH * was as follows:	
(Duration)	yrs,ds,
Stolus	
8 (Address) & MN	movelle md
Disease Causing Death, state (1) Means of Inj	
ESIDENCE (For Hospit	als, Institutions, Trans-

18 LENGTH OF R ients or Recent Residents)

In the yrs.....ds. Where was disease contracted,

if not at place of death?

usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, Spinner, (b) Cotton mill; (a) Salesman. (b) Groccry; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. busine that fact may be illicated thus; Farmer (regaged in domestic service for wages, as Nervani, Cook er," etc., nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Housemaid, etc. If the occupation has been changed to report specifically the occupations of ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborerwithout more precise specification as Day For persons (a) the kind of work and also (b) the no have no occupation -Coul mine, etc. Wom-Locomotive engineer, persons en-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria avoid use of "(Topup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> as fracture of skull, and consequences (e.g., sensis, telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Carmittee on Nomenclature of the American Medical Association. carbolic acid-probably suicide. The n ture of the injury can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL reptionitis," etc. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc., "Drcpsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death). 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondar. Chronic interstitial nephritis, Whooping cough; Chronic valvular heart "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not etc. The contributory Measles; disease ;

If this certificate is looked over thoroughly and all questions apparered in detail, it will prevent further correspondence. All the klate is exential and must be obtained before the certificate is apparenantly filed.

V. S. No.

M

PLACE OF DEATH County Dorchester	10354 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. //O
Village or City Mellans burg (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Negro Single. Married. Wildowed. OR DIVORCED (Write the word)	16 DATE OF DEATH 9 2/, 1922) (Month) (Day) (Year)
6 DATE OF BIRTH  OL 10-, 1885  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192
occupation (a) Trade, profession or particular kind of work	
b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Md  10 NAME OF FATHER  Colory Jacoba	Contributory Secondary  (Duration)  (Signed)  (Address)  (Address)
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15 Filed Loft 24  1930 T. L. of askurgs Registrar	*State the Disease Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yis mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 FLACE OF BURIAL OR REMOVAL  State Appreciate (19 Appreci

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, cupation is very important, so that the relative healther," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coak minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

"Exhaustion," "Heart Land," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Traemia," "Weakness," etc., when a definite disease "Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles, ..... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiinterstitial nephritis, death), 29 ds.; Bronchopneumonia (secondary), Chronic etc. The contributory valvular heart disease; etc., of

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OCT 7 19

S No. 1

N. B.

	PLACE OF DEATH County Dorchestu	STATE OF MARYLAND CERTIFICATE OF DEATH
	TAIR SORPORATE MAITS OF	Registration Dist. No.
1	Village or City Cambridge (No. 143	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stend of street and
	2FULL NAME OF USA J'an	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED.  Plumale White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	March 7, 1838  (Month) (Day) (Year)	that I last saw h alive on 192 192 192 192 192 192 192 192 192 192
	7 AGE  92 yrs. 3 mos. 21 ds. or min.)	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows:
San	a OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	(Durstion) yrs. mos. ds
	9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  (Dysation)
	10 NAME OF GLORGE Thomas	(Signed) 192 10 (Address) Country M. D.
	OF FATHER (State or country) Manyland	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
}	of MOTHER Adeline Seward	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	At place of death
	(Informant) Mrs Abbut Greenwell	if not at place of dea h?
	(Address) Cambridge, Md  Filed Un 1930 AH Markers  Registras	H. M. Willis For Cambridge
1	If more banks are needed, addre.s Ltate Kegistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. I.

(Approved by U. S. Census and American Fublic Health Association.)

en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary froman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEAS! CAUSING DEATH ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a y78). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation single word or term on been changed (6)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> (Recommendations on statement of cause of death st\_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) tetanus) may be stated under the head of "contributory." State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Ilaemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Nomenclature Chronic etc. The contributory valvular heart disease; Always qualify all

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Exact

	PLACE OF DEATH	6330 STATE OF MARYLAND
	County Dorchulu	CERTIFICATE OF DEATH
	County	(29)
-	THE CORPORATE PAITS OF	Registration Dist, No.
	Village or City Cambridge (No.	Cospital St.: Ward) (If death occurred in
	Annual section of the	tion, give Its NAME is
1	2FULL NAME Mary Matelda	stead of street and number.)
	-I OLL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE SSINGLE, MARRIED, Manuel WIDOWED.	16 DATE OF DEATH
	OR DIVORCED	, 192
	Tilmale (Write the word)	(Month) (Day) (Year)
	8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
١	May 28th 1856	192 f. to fam., 1800,
	(Month) (Day) (Year)	that I last saw har alive on for , 127 &,
	7 AGE [If LESS than	and that death occurred on the date stated above, at 5-15-m.
	y 2 3 1 dayhrs.	The CAUSE OF DEATH * was as follows:
	73 yrs. 7 mos. 3 ds. or min.?	
	8 OCCUPATION	Chronic Interstrate
	(a) Trade, profession or Mousework	Well notion
	(b) General nature of industry	
-	business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
		Contributory blute Consclutes
	9 BIRTHPLACE (State or country) Marukand	Secondary
	1 10 NAME OF	(Duretion) yrs ds.
	FATHER HILLIAM CALLED A	(Signed) M. D.
	11 BIRTHPLACE	Jan 2. 19 d (Address) Canladge
	OF FATHER	*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury and (2) Whether
	ш	Accidental, Suicidal or Homicidal.
	OF MOTHER MANE	18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE	ients or Recent Residents)
	OF MOTHER	At place in the of deathyrsmosds.
	(State or Country) Maryland	Where was disease contracted.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
	Mm & Man 1 1 10	Former or usual residence
	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Cambridge Ma	Cambridge Md. Jan. 3th, 1000
1	13 1/2 CPHOY WANKING	20 UNDERTAKER / ADDRESS
	Filed 1921 GGA	It. He Villes TBro Cambridge Hed
	Registra	
	If more banks are needed, addre a Ltate Negistrar	, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective ci whatever, write None. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,");

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomst\_ted unless important. American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underas fracture of skull, and consequences (e.g., sepsis, aceident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; Example: Measles (disease etc. The contributory

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PLACE OF DEATH  County Pockester  County Parkers Co	3 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
2FULL NAME Infant Jan	St.: Ward)  (If death eccurred in a hespital cr institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)—(Day)  (Year)
6 DATE OF BIRTH  4 2 - , 153 0  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920 to 192 that I last sew h elive on 192 192
7 AGE 4 Ms. atartin   If LESS than   I day hrs.   ds. or min.	The CAUSE OF DEATH * wee as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Carre uneman.
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)
10 NAME OF FATHER HOTA James  11 BIRTHPLACE OF FATHER	(Signed) M. D. M.
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Belle Skedden	*State the Disrase Causing Death, or, in deaths from Violent Caus. a, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or country)  Md.	ients or Recent Residents)  At place of death yrs
(Informant)	if not at place of death?  Former or usual residence.
(Address)	PLACE OF BURIAL OR REMOVAL  CATE OF BURIAL  CONTROL  29 VIDERTAKES
Filed build 1920 ZWO Resistral	Hoyd Jones autidge, m

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oclired 6 yrs). state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Trul-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer. the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Locomolice engineer, (b) Grovery;

Stateme t of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchiospinal fever (the only definite synonym is "Fpidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); I obar pneumonia. Bronchopneumonia ("Pneumonia");

as fracture of skull, and consequences (e. g., \*\*ep\*\*is, tchunus) may be stated under the head of "contributory". "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atie), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from ehildbirth or miscarriage as tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid - probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underean he ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be approved by Committee on Nomenclature (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. Whooping cough; American Medical Association.) ..... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, Chronic valvular heart disease; Carcinoma, etc. The contributory Sarcoma, etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A.ltho data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	02885 STATE OF MARYLAND
County Nockesler	CERTIFICATE OF DEATH,
STIMIL SELVED OF STATE OF STATE STAT	Registration Dist. No. //6
Village or City ambredgen of	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME Slanstur	tion, give its NAME listend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCEMULES (Write the word)	16 DATE OF DEATH Much 23, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Cleigns , 1870	1927. Oto, 1928.
7 AGE 5G (Month) (Day) (Yéar)	that I last saw h alive on 192
1 day hrs.	and that death occurred on the date stated above, at
O U yrs mos ds. ormin.?	Dutie - weller
(a) Trade, profession or Jey Latower	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) year mos ds.
9 BIRTHPLACE (State or country)	Contributory
10 NAME OF	(Durstion) yrs mos ds.
FATHER John Henry kukins	May 25 1930 (Address) ample del mg
OF FATHER  (State of country)  12 MAIDEN NAME  12	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
	Accidental, Suicidal or Homicidal.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) full self Med	At place of deathyrsmosds, Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
(Informant Juson Comish	Former or usual residence
(Address) Charles of St. Med. (	hapelemetery March JS 1930
File May 25, 1930 Registrar	20 UNDERTAKER A Clair duridge med
If more blanks are needed, address State Registrar	, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; " "Marasmus," "Old Age," "Shock," Chronic and consequences (e. g., sepsis, etc. The contributory valvular heart disease; Measles; etc., of

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	PLACE OF DEATH	10000		TE OF MA
	County Morchister	12386	CERT	TIFICATE O
	7/ 10	188-00		Registration Di
Vill	lage or City fulles useful (No.		St.:	Ward)
	an' Tak			;1e
	2 FULL NAME COALVEU JON	M		
	PERSONAL AND STATISTICAL PARTICULARS	MEDI	CAL CE	RTIFICATE OF
3 5	Male Blook of RACE 5 SINGLE, MARKIED, MARKIED, WIDOWED Marked OR DIVORCED (Write the word)	16 DATE OF DEA		/O (Month) FY, That I attend
6 I	DATE OF BIRTH	no truck		2 to Sto C
	Vet 19 .905	that I last saw h	m' sel	Seal
7 A	(Month) (Day) (Verr)	and that death occ		
. 28.	If LESS than I day hrs.	The CAUSE OF DE	ATH 💸 w	as as follows:
	yrsmosds.lor min.?	acceden	tolly	Bulled?
	a) Trade, profession or	trons	æ	+ Cross
	a) I rade, profession or frarmer	(secule à	noel	ened & M
	b) General nature of industry" pusiness, or establishment in	was creating	too	Burranto
	which employed or (employer)	Contributory	7	Caraga
9 B	(State or country)	Secondary		
-	10 NAME OF D	20		. (Duration)
	FATHER POLOTE TOLINO	(Signed)	Jes l	my some
ST	11 BIRTHPLACE			ress)
S III	OF FATHER (State or country)	Violent Causes,	state (1)	'ausing Death, or Means of Injury
AR	12 MAIDEN NAME OF MOTHER	Accidental, Suic	3.15.15.1	TO THE OWNER OF THE OWNER, THE OW
0	Coura journe	18 LENGTH OF R		
	13 BIRTWPLACE OF MOTHER OF State of Country	At place of death yrs.	mos	da. In the
14	(State or country) THE ABOVE IS TRUE TO THE BEST OF BY KNOWLEDGE	Where was disease con if not at place of death?	tracted.	
	Poton Atimo	Former or	007700000100000000000000000000000000000	., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
i i.	(Informant)	19 I'LACE OF BUIL	TAT ORA	REMOVAL   D.
15	(Address) Harlie R	Hurls	ek	Jud !
A.,	Filed Oct 6 1980/12 /8 asles 90	20 UNDERTAKIK	01	- ff AI
	Robintrar	719 /Wel	long	Tuly A
11	worn blanks are needed, address State Registrar.	46 W. Saratoga St.	Ralto.	Requesting V. S

#### STATE OF MARYLAND 12386 CERTIFICATE OF DEATH

Registration Dist. No. 110

If death occurred in a hospital or institu-tion, give its NAME in-stead of street and ...... Ward)

	attinger of
	MEDICAL CERTIFICATE OF DEATH
_	16 DATE OF DEATH
P	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
	no true 192 to no true , 192
_	- i - soul
2	
	and that death occurred on the date stated above, at 8
3.	The CAUSE OF DEATH & was as follows:
5	accidentally Busic by RR
	troni at Crossing
	(Sicul Fractured & Hip County
	was crossing track yearton automos hose de
-	Contributory Contributory
	(Duration)yrs,niosd
	(Signed) Rogle My end M. D
	19, 6, 19230 (Address) Hersey man
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Flomicidal
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
	At place In the
9	of death yrs mos da. State, yrs mos de. Where was disease contracted,
	if not at place of death?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL   DATE OF BURIAL
	Shipla to sunt of to se
100	20 ANDERTAKUK / ADDRESS
	Held Web aller 21 10 10
. 1	110 Millougue J Hurlow

(Approved by U. S. Ceusus and American Public Health Association.)

nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it Civil engineer, Stationary firemen, etc. But in many Physician Compositor, Architect, Locomotive engineer, gaged in demestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At "chool or At home. Care should be taken definite salary), may be entered as Houseville, House househeld only (not paid Househeepers who receive a en at home, who are engaged in the duties of the laborer. Fa: u. laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material whatever, write None. business that fact may be indicated thus: Farmely state occupation at beginning of illness. If retired from or given up in account of the DISEASE CAUSING DEATH, to report specifically the occupation of persons enwork, or 11 Statement of Occupation-Precise statement of oc For many occupations a single word or term on is mrs.). For persous who have no occupation specially in industrial employments, it is neceswithout more precise specification as Day Home, and children, not gainfully em--Coal mine, etc. Wom-As examples: (a)

EASE CAULING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the cause disease. Examples: Cerebrophical fever (the only definite synonym is "Epidemic couchnobspinal medingitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopnoumonia ("Pneumonia,"

Nomenclature of the American Medical Association. ment of cause of death approved by Committee on use of "Tumor" for malignant neoplasms); niges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ruqualified, is indefinite); Tuberculosis of lungs, menrhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collegse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Chronic intenstitial nephritis, etc. The contributory head of "contributory." diseases resulting from childbirth or miscarriage as "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," stated unless important. quences (e. g., sepsis, telanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident: Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent deaties state means of injury State cause "Puerreral soplicaemia." Puerreral peritonitis," can be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease (secondary or intercurrent) affection need not be Whooping .. (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), cough; Accidental drowning; Struck by railway for which surgical operation was under-Chronic valvular heart discase; (Recommendations on state-Bronchopneumonia Example: Measles (disease Always qualify all Meastes; The na-(merely (secondetc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence all the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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PLACE OF DEATH

County	Dorcheste	7

10355

#### STATE OF MARYLAND CERTIFICATE OF DEATH

			Registration Dist. No. 112		
	ty Vienna, R.I	o. (No	St.: Ward	d) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)	
PERSC	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH	
Male	Colored	SINGLE, Single MARRIED SINGLE WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH SEP 27	930 , 192 (Year)	
6 DATE OF BI	IRTH May (Month)	9th., , 1 930 (Day) (Year)	17 I HEREBY CERTIFY, That I at Sept. 20th. 1930 and Sthat I last saw h imalize on Sept.	ept.,26"1930	
7 AGE O yrs. 4 mos. 18 ds. or min.?			and that death occurred on the date state The CAUSE OF DEATH * was as follows: Acute Entero-Colitis		
(b) General business, or	nature of industry establishment in oyed or (employer)	AKYLAND	Contributory Secondary	( )	
10 NAME FATHER	Fred Doug	glas Johnson.	(Signed) Savard B (Address) Vi ann	anku M. D.	
OF FAT  CState  12 MAIDE	or country)	LRYLAND	*State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	, or, in deaths from njury and (2) Whether	
OF MOT	Dilling Saile	Askins.	18 LENGTH OF RESIDENCE (For Hosp	itals, Institutions, Trans-	
OF MOT (State		ARYLAND	At place in the of death yes in the Ste Where was disease contracted.	e ateyrsmosds.	
(Informan	is TRUE TO THE BEST it) Fred Dougle dress) Rhodesdal	s Johnson (Fathe	if not at place of dea.h?	EP 28 1930	
SFID 25	R 1930 192 Folia	ard & Lawkin	Willoughby & Son.	ADDRESS E. N. Market,	

If more banks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (0) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (q) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, " etc., report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on home, who are engaged in the duties of the Form laborer, Laborer-Coal mine, etc. Worn-(b) Cotton mill; (a) Salesman, (b) Groeery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation

Spinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Strtement of Cause of Death-Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia to time and causation), using always the same accent-("Pneumonia,

> telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Browchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary Chronic interstitial nephritis, Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be ss important. Example: Measles (disease 'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. The contributory Measles;

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permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH rated EXACTLY, Properly classified. certificate. Registration Dist. No. (If death occurred in Village or City a hospital or institution, give its NAME in-stead of street and number.) properly PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. OR DIVORCED pino may n bac (Write the word (Month) ..... (Day) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that nstruction (Month) (Day) (Year) IIf LESS than 7 AGE and that death occurred on the date stated above, at 90 I day hrs. polied. or min.? OCCUPATION N N (a) Trade, profession or 30 E S particular kind of work 0 (b) General nature of industry d business, or establishment in which employed or (employer) MARGIN BIRTHPLACE Secondary (State or country) DA (Duration) ம் ய OB 10 NAME OF FATHER 3 LL 00 11 BIRTHPLACE क्ष ध OF FATHER \*State the Disease Causing Death, or, in deaths from SOZ Violent Causes, state (1) Means of Injury and (2) Whether (State or country) PO Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 2 18 LENGTH OF RESIDENCE (For. Hospitals, Institutions, Trans-OF MOTHER inform ients or Recent Residents) State CCU 13 BIRTHPLACE In the At place of death .. OF MOTHER .....yrs.......ds. (State or Country) Where was disease contracted, should of if not at place of death? TO THE BEST OF CIANS sho Former or item usual residence. 19-PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRES 20 UNDERTAKE If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a business, that fact may be indicated thus; Farmer (re-Foreman, (b) Automobile factory. The inaterial For many occupations a Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation single word or term on -Coal mine, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"). Lobar pneumonia, Bronchopneumonia ("Pneumonia,

inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, Whooping (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; " "Marasmus," "Old Age," "Shock," Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature

. If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH  County Deckerter	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Churches (No. No. 2FULL NAME Ashar W. John	Registration Dist. No.  St.: Ward)  (If death occurred in a hospital er institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE 5 SINGLE, MARRIED, MUDOWED MUDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
(Month) (Day) (Year)  7 AGE	that I last saw is alive on 192 and that death occured on the date stated above, at 10.30 An.
56 yrs. mos. ds. or min.	The CAUSE OF DEATH * was as follows: Seen after chare
(a) Trade, profession or gen laborer  particular kind of work gen laborer  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) Dorchester County	(Duretion) yrs mos ds.  Contributory Secondary  (Durstion) yrs mos de
10 NAME OF FATHER Rot known  11 BIRTHPLACE OF FATHER (State or country) Rol known  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER OF MOTHER	(Signed) M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transcients or Rescent Residents)  At place of death yrs mos ds.
(State or country) Not Known  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Rachesl allen Johnson  (Address) Cambridge Md.  15 Filedgiel 25 1930 Elwelf	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL April 27, 1930.  20 UNDERTAKER ADDRESS  Where was disease contracted, if not at place of death?  April 27, 1930.  ADDRESS  ADDRESS  Where was disease contracted, if not at place of death?  April 27, 1930.  Cambridge M.
If more banks are needed, address State Registra	ur, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." 'Teal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: 'a additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, age. For many occupations a single word or term on tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House Civil engineer. Physician, Compositor, Architect, household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The minimal yrs). Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, (6) (n.co.a.)

Statement of Cause of Death—Name, first, the DISMASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fewer (the only definite synchym is "Epidemic cerebrospinal maningitis"); Diphtheria (avoid use of "Croup") "uphoid fewer (never report "Typhoid Pheumonia"), Lobar pneumonia. Bronchopneumonia ("Pneumonia.")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage, stated unless important. Example: Mcasles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepses, tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite discase tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be approved by Committee on Nomenclature of the carbolic acid-probably smade. The nature of the injury, accident; Revolver wound of head -homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," Chronic interstitual nephritis, etc. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; American Medical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart Always qualify all The contributory Measles ; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	PLACE OF DEATH County Doublass	66665	STATE OF N	
	SORPORATE MEITO OF	90	Registration I	1/6
Vill	age or City anh ma (No.		St.:Ward)	(If death occurred in a hospital or institu-
	2 FULL NAME mania	· Almai	~)	tion, give its NAME li- steed of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC.	AL CERTIFICATE O	F DEATH
35	male White the word)  4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	6 DATE OF DEATH	Ame 2 (Month)	
6 D	ATE OF BIRTH		CERTIFY, That I atte	nded the deceased from
	(Month) (Day), 16 48 (Year)	that I last saw h	×22	, 192
7 A	GE    Calpation   Calpation	and that death occurr The CAUSE OF DEAT		above, at L'3D Pm.
pa (b	articular kind of work  O General nature of industry usiness, or establishment in	***************************************	(Durstion)	угв
-	IRTHPLACE (State or country)	Contributory Secondary	(Duration)	yrsds.
	10 NAME OF FATHER A. Q. M. Wodland	(Signed) 1920	(Address) Cam	M. D.
ENTS	OF FATHER (State or country)  12 MAIDEN NAME	*State the Di Violent Causes, sta Accidental, Suicidal of	scase Causing Death, ate (1) Means of Injury Homicidal.	or, in deaths from ury and (2) Whether
PAR	OF MOTHER melinda about	18 LENGTH OF RES		als, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathm	osds. In the State	yrsds.
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contr if not at place of dead Former or	acted, h?	. 0 = 2 × 2 × 4 × 2 × 4 × 4 × 4 × 4 × 4 × 4 ×
	(Informant) Mrs. E. C. Harrington	usual readence		DATE OF BURKL
	(Address) Cambrily the	Cambridge	1 ml	fre 2 4, 1930
15	Figure 24 1920 E E Wolff Registrar	20 UNDERTAKER	albangh	Cambridge mel
10	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., I	Balto., Requesting V. S	. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise specification as  $\nu_{uy}$  laborer, Farm laborer, Laborer—Coal mine, etc. Women en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an Civil engineer, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; car, be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease; Nomenclature of the

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Willage or City Ward) ciass a hospital or institution, give its NAME Is stead of street and number.) PERSONAL AND STATISTICAL PARTICU prop MEDICAL CERTIFICATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. eq may be WIDOWED. OR DIVORCED (Write the word) (Month) CERTIFY, That I attended the deceased from 6 DATE OF BIRTH instructions that (Day) (Year) (Month) If LESS than and that death occurred on the date stated above, at 7 AGE I day .... hrs. The CAUSE OF DEATH \* was as follows: terms ds. or min.? RESERVED 8.OCCUPATION 90 (a) Trade, profession or C particular kind of work plail (b) General nature of industry business, or establishment in (Duration) 2 which employed or (employer) Contributory I MARGIN 9 BIRTHPLACE Secondary (State or country) DW F C 00 10 NAME OF (Signed) FATHER Shot (Address) 11 BIRTHPLACE S \*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether OF FATHER Z (1) CAU (State or country) Aceldental, Suicidal or Homicidal. 12 MAIDEN NAME 01 B LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Truns-OF MOTHER 1 ients or Recent Residents) Etate 13 BIRTHPLACE At place 00 OF MOTHER State......yrs.....mos......ds. of death ......yrs ........ds. (State or Country) Where was disease contracted, 0 ਹ it not at place of dea.h?. shoul 14 THE ABOVE IS TRUE TO THE BEST OF of Evory item CIANS shorest estatement of Former or usual res.dence (Informant) DATE OF BURIAL Address) ADDR Registras If more b.anks are needed, addre.s Ltate Negistrar, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census end American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) the first line will be sufficient, e.g., Parmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The queswhatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the tion applies to e:ch and every person, irrespective cf cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken report specifically the occupations of persons enespecially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many

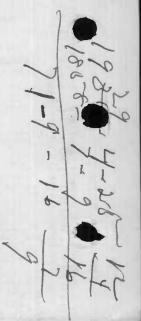
Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); s. inal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

approved by Committee on American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "IIaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of lelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping as fracture of skull, and consequences (e. g., sepsis, diseases unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as cough; Chronic etc. The contributory valvular heart disease; Nomenclature not be

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PLACE OF DEATH County Doubles	04231 STATE OF MARYLAND CERTIFICATE OF DEATH,
	(91-7) Registration Dist, No. //6
Village or City Lamber Advo.	St.: Ward)  (If d-ath occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
Smale White WIDOWED. Whomas OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Charles 23, 1920. to Charles 25, 1930, that I last saw has alive on Capaciles 23, 1920.
7 AGE If LESS than I day hrs. 7 yrs. 9 mos. 16 ds. or min.?	and that death occurred on the date stated above, at //. 3 pr.m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Central arterio Schemin
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration)
10 NAME OF FATHER Junas Palmer	(Signed) M. D. 4/26/1920 (Address) Cambridge Me
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Emmaling Monthly.	10 LENGTH OF RESIDENCE (For Hospitals, Institutions, Iransients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. ln theyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Mo J. R. Muse (Address) County My	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  (A) A A A A A A A A A A A A A A A A A A
15 Fildpil 27 1980 & & Weff Registra	20 WADERTAKER Deburgh Campuly Me
if more blanks are needed, address tate Kegistran	r, 16 W. Saratoga St., Bulto., Lequesting V. S. No. 1.



(Approved by U. S. Census and American Fublic Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salcsman, (b) Physician, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, (b) Automobile factory. The material Locomotive engineer, Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia")

atic), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal peritonitis," etc. "Uraemia," "Wcakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Sho tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. (Recommendations on statement of cause of death carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic Example: Measles (disease valvular heart disease;

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PLACE OF DEATH	STATE OF MARYLAND
County Dorchesler	CERTIFICATE OF DEATH
NITHIN CORPORATE LIMITE OF	Registration Dist. No.
Village or City Cambridge (No. 501	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Fulder G. J.	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White SINGLE, MARRIED, Masurd, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Dec. 28 , 1869	Jan 5 1901. to Jan 1,5 1900.
(Month) (Day) (Year)	that I last saw house on
7 AGE   If LESS than	and that death occurred on the date stated above, at
6/ yrs. 0 mos. // ds. or min.?	The CAUSE OF DEATH * Was as follows:
6 OCCUPATION (a) Trade, profession or Murchant particular kind of work	Trumoria (Sobar)
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs, mos de,
9 BIRTHPLACE	Contributory Specondary
(State or country) Maryland	Meffrette (Duration), f yrs II nos II ds.
10 NAME OF GLOSER JONES	(Signed) Day J. (Address) Cambridge
OF FATHER  (State or country)  Manyland	*State the I'ls ase Causing Death, or, in daths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER VASAGE DUM	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Iransients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Mary Land	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
of did by	Former or usual residence
(Informant) Mrs Tulder J. Jones	19 PLACE OF BURIAL OR REMOVAL A DATE OF BURIAL
(Address) Cambridge Md	Cambridge Md. Jan. 17th, 1030
Filed ///) 19 0 C AND Registras	20 UNDERTAKES Landredgine
If more banks are needed, addre.s tate Kegistra	r, 18 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise precise. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tctanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, causing death), 29 ds.; Bronchopneumonia (secondary), Whooping approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic ," etc., when a definite disease etc. The contributory affection need not be valvular heart Nomenclature disease;

CORD	EXACT y class
WITH UNFADING INK-THIS IS A PERMANENT CORD,	tion should be carefully supplied. ACE should be stated EXACT AUSE OF DEATH in plain terms so that it may be properly class and the state of the sta
NE	be p
ERMA	hould t may
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County.	Oor chester	3 5 8 8 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CER
			91-8
/illage or City	, Cambridge, Mo	1. (No. Eastern Sho	re State Hospital St.
2FI1	II NAME Geor	rge H. Jones	
		ICAL PARTICULARS	MEDICAL CE
Male	4 COLOR OR RACE White	MARRIED. WIDOWED. OR DIVORCED (Write the word) Widowed	16 DATE OF DEATH
DATE OF BIF		(Wilde the word) (12 do to o	17 I HEREBY CERTI
JAIL OF SIR		1040	May 20, 192
	Augus! (Month)	t $30$ , $(Day)$ , $(Year)$	that I isst saw himalive
AGE		IlfLESS tha	n and that death occurred on
		l dayhr	. The CAUSE OF DEATH * wa
	81 yrs. 3	mos. 17 ds. or min	Cerebral arte
- COLUMN TION	1		
OCCUPATION	ofession or		000ppq00000000000000000000000000000000
particular kir	rofession or nd of work	Ma <b>chinist</b>	
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(a) Trade, printer particular kin (b) General results business, or exhich employ BIRTHPLACE (State or conference of FATHER (State of FATHER (State of State	refession or and of work acture of industry establishment in eyed or (employer)  Mary I and of the state of the st	d Jones	Contributory Secondary  (Signed)  Dec 16, 1920 (Addr  Violent Causes, state (1)
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(a) Trade, proparticular king particular king	refession or and of work attree of industry establishment in yed or (employer)  Mary I and of the stablishment in yed or (employer)  Mary I and of the stablishment in yed or (employer)  Mary I and of the stablishment in yed or (employer)  Exphraim LACE HER or country) Maryland Mary Boy Mary Boy Boy Boy Boy Boy Boy Boy Boy Boy Bo	d Jones d wen	Contributory Secondary  (Signed)  Dec 16, 1920 (Addr  *State the Disease Violent Causes, state (1) Accidental, Suicidal or Homi  18 LENGTH OF RESIDENC ients or Recent Residents)
(a) Trade, proparticular kin (b) General rebusiness, or exhibition which employ (State or control of FATHER (State of Control of FATHER (State of Control of MOTE) (State of M	refession or and of work attree of industry establishment in yed or (employer)  Mary I and of the stablishment in yed or (employer)  Mary I and of the stablishment in yed or (employer)  Mary I and of the stablishment in yed or (employer)  Exphraim LACE HER or country) Maryland Mary Boy Mary Boy Boy Boy Boy Boy Boy Boy Boy Boy Bo	d Jones d wen	Contributory Secondary  (Signed)  Dec 16, 1920 (Adda  Violent Causes, state (1) Accidental, Suicidal or Homi  lents or Recent Residents  At place Since May 20 of death yes mos 2
(a) Trade, printer particular kin (b) General results business, or exhich employ BIRTHPLACE (State or exhibit of the control o	rofession or and of work acture of industry establishment in yed or (employer)  Mary 1 and of the stablishment in yed or (employer)  Mary 1 and of the stablishment in yed or (employer)  Mary 1 and of the stablishment in yed or (employer)  Ephraim LACE	d Jones d wen	Contributory Secondary  (Signed)
(a) Trade, properticular kin (b) General results business, or exhich employ BIRTHPLACE (State or compared to the compared to t	rofession or and of work mature of industry establishment in yed or (employer) Mary 1 and of Ephraim  LACE EPHR Mary Boy NAME HER Mary Boy DLACE HER Mary Boy DLACE HER TO THE BEST	d Jones d wen d T OF MY KNOWLEDGE	Contributory Secondary  (Signed)  Dec 16, 1920 (Adda  State the Disease Violent Causes, state (1) Accidental, Suicidal or Hom  18 LENGTH OF RESIDENC ients or Recent Residents At place Since May 2 of death yrs mos.  Where was disease contracted, if not at place of death?
(a) Trade, properticular kin (b) General results business, or exhich employ BIRTHPLACE (State or compared to the compared to t	rofession or and of work acture of industry establishment in yed or (employer)  Mary 1 and of the stablishment in yed or (employer)  Mary 1 and of the stablishment in yed or (employer)  Mary 1 and of the stablishment in yed or (employer)  Ephraim LACE	d Jones d wen d T OF MY KNOWLEDGE	Contributory Secondary  (Signed)
(a) Trade, proparticular kin (b) General results business, or exhibit employ the state or exhibit employed the state of the state of the state or exhibit employed the state of the	mature of industry establishment in yed or (employer)  Mary 1 and of Ephraim  LACE HER OF Mary land NAME HER Mary Boy PLACE HER T Country) Marylan  IS TRUE TO THE BES'  t) E.S.S.Hospits	d Jones d wen d T OF MY KNOWLEDGE	Contributory Secondary  (Signed)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

ambridge, Md. (No. Eastern Shor	e State Hospital St.: Ward)  (If death occurred in a hospital or inetitution, give its NAME instead of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed (Write the word) Widowed	16 DATE OF DEATH  December 16, 1920 (Year) (Year)
August 30, , 1849 (Month) (Day) (Year)	IT I HEREBY CERTIFY, That I attended the deceased from May 20, 1924 to December 16, 1920, that I isstead him slive on December 16, 1920,
If LESS than I day hrs. 3 mos. 17 ds. or min.?	and that death occurred on the date stated above, at 1:05 P.m. The CAUSE OF DEATH * was as follows:  Cerebral arterio-sclerosis
Machinist  Te of industry  Dishment in or (employer)  Mary 1 and  Ephraim Jones	(Duretion) 8 yrs mos ds.  Centributory Secondary  (Duretion) yrs mos de.  (Signed) M. D.  Dec 16, 1920 (Address) Cambridge, Maryland
untry) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
Mary Bowen  Mary Bowen  Maryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place Since May 20, 194 In the of death yrs
C.S.S.Hospital Records  Cambridge, Maryland	Where was disease contracted. Worcester County, Md. if not at place of death?  Former or usual residence Berlin, Maryland  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS
Registrar if more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the 6 The ques-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of approved by tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Exhaustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-" "Marasmus," "Old Age," "Shock, Committee on Nomenclature "Heart failure," "Haemorrhage, Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

7

PLACE OF DEATH	STATE OF MARYLAND
County Wor chester	CERTIFICATE OF DEATH
	Registration Dist. No. //O
Village or City Williams Propose	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2 FULL NAME Harley irred	ord Joves stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCEDOWD. OR DIVORCEDOWD. (Write the word)	16 DATE OF DEATH (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Irray 26 1921	37 3 1920. to 65 , 1923
(Month) (Day) (Year)	that I last saw ham alive on 43 , 1925
7 AGE    If LESS than	and that death occurred on the date stated above, at 12-30 1-m
9 yrs mos 9 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	
(a) Trade, profession or Solvon Jukil	, , , , , , , , , , , , , , , , , , ,
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)ytsmosde
9 BIRTHPLACE	Contributory Secondary
(State or country)	(Duration)yrsmosds
10 NAME OF HOSEL PINKET	(Signed) Migar Myers M. D
11 BIRTHPLACE	les 192 (Address) fulgral Med
OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cothel C. Jones	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER	ients or Recent Residents)  At place In the of deathyrsmosds. Stateyrsmosds
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
THE ABOVE IS THE BEST OF MIT HERE	Former or usual residence
(Informant) Mouzo your	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Williams Pring, Mid. K. B	Federal Presa And June 6, 1930
Filed June 5' 1980 Nobel I Nasher 200	Hitraulton & Soy Dederalshere
If more blanks are needed, address State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., wave. work, should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write Nonc. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed. as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemoid, etc. If the occupation has been changed to report specifically the occupations of household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material engineer, Stationary firemum, etc. But in many For many occupations a single word or term on or At Home, and children. yrs). (b) Cotton mill; without more precise specification as Day Compositor, For persons Architect, Locomotive engineer, Loborer-(a) Salesman. who have no occupation -Coal mine, etc. Womnot gainfully em-(6) persons en-Grocery,

Statement of Cause of Death—Name, first, the DINEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ten for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphillaria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, curbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ethaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Whooping cough; use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menletanus) may be stated under the head of "contributory." (secondar, Examples: Accidental drowning; Struck by railway train "Atrophy." "Collapse." "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephritis, by or intercurrent) affection need not be Committee on Nomenclature (hronic Example: Measles (disease valvular heart disease, etc. The contributory Measles;

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ECEIVED

No. 1

V. 8.

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PLACE OF DEATH	STATE OF MARYLAND
County Dorolesles	CERTIFICATE OF DEATH
ITHIR PORPORATE LIMITS OF	Registration Dist. No.
Village or City Cambudge (No	ward) (If death occurred I a hospital or institution, give its NAME in
2 FULL NAME Henrie Ella	Flelalie Jones number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4 COLOR OR RACE 5 SINGLE, MARRIED, WILDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  Seps H  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
march 15- 1897	192 . to / Hejo + , 192
(Month) (Day) (Year)	that I last saw h alive on 1923
7 AGE   If LESS than	and that death occurred on the date stated above, at 6./1.
2 34 I day hrs.	The CAUSE OF DEATH * was as follows:
3 3 yrs. 5 mos. 17 ds. or min.?	
B OCCUPATION (a) Trade, profession or	Central plocaring pround
particular kind of work	
Business, or establishment in	(Duration) yrs. mos. de
which employed or (employer)	Contributory Weight hemmalage
9 BIRTHPLACE (State or country)	Secondary
1D NAME OF the toler.	(Duration) yrs mos de
FATHER COLORS	(Signed) M. D.
IN BIRTHPLACE OF FATHER	19221) (Address) Clumby Wy
(State or country) T Way and	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Warn	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents) At place / In the
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) 7 Irvin Jones	Former or usual residence Orista, Mansk
- (Address) Possila, hil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) SSINMI	20 UNDERTAKER ADDRESS
Filed 1920 Cut F	me Hollis In Carley W.
If more blanks are needed, addre-s State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise speciments. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.) approved by Committee on tetamus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The contributory affection need valvular heart disease; Nomenclature of the not be

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1930

#### STATE OF MARYLAND 10357 CERTIFICATE OF DEATH

Registration Dist. No. / 1.0

St: Ward)

If death occurred in a hospital or instituion, give its NAME intend of street and comber.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH
(Month) (Day) (Year)
17 I HEREBY CERTIFY. That I attended the deceased from
no true 192 to no true 192
that I last aaw ham alive on 9/ X. 1970
and that death occurred on the date stated above, at
The CAUSE OF DEATH A was as follows:
The CAUSE OF DEATH & was as follows:
chied houng been born frem"
aturely on 9/ x/30
(Duration)yremosde,
Contributory Premating both
(Duration)yrs
(Signed) Stop W. D.
9/30 192 (Address) Hereloca Inf
*State the Disease Caus'ng Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether
Accidental, Snieidal or Pomicidal
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens-
ients, or Recent Residents) At place Inthe
of death yrs mos da, State, yrs mos da.
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLAGE OF BURIAL OR REMOVAL   DATE OF BURIAL
Johns Cemeling Rept 30 1030
20 UNDERTAKER ADDRESS
From Jones In Hulack Ind

worm blanks are needed, address State Registrar. 16 W. Sargtoga St., Balto., Requestion V. S No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, ployed, as Al school or At home. Care should be taken definite salary), may be entered as Housewife, House. household only (not paid Housekeepers who receive a en at home, who are engaged in the dutles of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grovery; should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The ques whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enwork. or 1t laborer, Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foremun, (b) Automobile factory. nature of the business or industry, and therefore an Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oc For many occupations a single word or term on Home, and children, not gainfully em-For persons who have no occupation The material But in many

Exacement of Cause of Death—Name, first, the ms. EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebro spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

quenees (e. g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or "Puerperal septicuemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inaultion," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Mcasles; unges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustleu," "Heart failure," "Haemor-(secondary or Intercurrent) affection need not be ......(name origin; "Cancer" is less definite; avoid Nomeuclature of the American Medical Association.) vulsions," Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senlle," etc.), (Recommendations on state-"Anaemia" "Coma," "Con-(second-(merely

No. 1.

02

N. B.

Exact

PLACE OF DEATH	CERTIFICATE OF DEATH
County Dorchester	(90) CERTIFICATE OF DEATH
	Registration Dist. No.
Village of City Cambridge (No. Eastern S	sion, give its NAME in-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
	16 DATE OF DEATH
Female   1 COLOR OR RACE   5 SINGLE, MARKIED, WIDOWED OR DIVORCED (Write the wordSingle)	January 31st , 19230 (Month) (Day) & Year)  IT I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	April 29 192 7, to January 31 19230.
Unknown 1860 (Month) (Day), I (Year)	that I last saw her alive on January 31, 19230. and that death occurred on tha date stated above, at 12:15P.em.
About 70 yrs. most ds. or min. ?	The CAUSE OF DEATH & was as follows:  Chronic Bronchitis & Pulmonary
8 OCCUPATION (a) Trade, profession or Housework particular kind of work	Regurgitation
(b) General nature of industry business, or establishment in which employed or (employer)	C. Branchitis(Duration)]yrs6. mos. 23de.
9 BIRTHPLACE (State or country)	Centributory Arterio-sclerosis
Maryland lo Name of	Unknown (Duration) yrs. mos. de.
FATHER John Henry Jones	(Signed) Oh Car M.D.
11 BIRTHPLACE OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether
2 IS MAIDEN NAME OF MOTHER Mary Ann ?	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Mar yland	At place Since April 29, lines yra
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Eastern Shore State Hospital Record	Former or usual residence. Salisbury, Md.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Address) Cambridge, Id.	Dial's Island and July 20 UNDERTAKER ADDRESS  To Torontolia Daylor 12
	10 W Senten St. Polto Dequesting V S No. 1

0397

STATE OF MARVIAND

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it 1. ture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Slutionary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plantor, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occ. pations of persons enwork, or At Home, and children, not gainfully emwhatever, write None. wed 8 yrs.). Trainess, that fact may be indicated thus: Furmer (re-Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation -Coal mine, etc. Wom-

RASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhold fever (never report "Typhold pneumonia."

ary), 10 ds. Never report mere symptoms or terminal stated unless important. use of "Tumor" for malignant neoplasms); Heastes; unges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosts of lungs, mensymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" (mereiy causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemor-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease vulsions," Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on state quences (e.g., sepsie, tetanus) may be stated under the ture of the injury, as fracture of skull. and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or "Purperal septicaemia," "Purperal peritonitis," etc. For VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Example: Measles "Coma," "Con-(second-(disease

N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD PERMANENT BINDING MARGIN RESERVED FOR WITH UNFADING INK--THIS IS

Village or City Galeslow (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / / O  St.: Ward) (If death occurred in the state of the state occurred in the state occurre
m EBI	a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
JEMAL HOLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  July 8 , 1852	17 I HEREBY CERTIFY, That II attended the deceased from
7 AGE  (Mogth) (Day) (Year)  If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or warricular kind of work. Nousehold duling (b) General nature of industry usiness, or establishment in which employed or (employer)	(Durstion)yrsd
9 BIRTHPLACE (State or country)  10 NAME OF FATHER	Contributory Secondary  Sald  Goration  Gration  M. I.  Signed)  M. I.
ON BIRTHPLACE OF FATHER (State or country)  W	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OLIZA Frishin  13 BIRTHPLACE OF MOTHER (State or Country)	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds. In the Stateyrsmosd
(Informant) Dillian Brusfield	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) Staford. Wil.	Dalestown Pod 30, 1930
Filed nor 29th 1920 17 Hatugs	20 UNDERTAKER ADDRESS

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more present above, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmet freor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) For persons who have no occupation Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

BUREAU V.

"(Exhaustion," "Heart Isliure, Lianure, Shock, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory ..... (name origin; "Cancer" is lcss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by railway train-American Medical Association.) approved by (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condicough; Committee on Chronic valvular heart Nomenclature disease;

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, Iy classified. Registration Dist. No. (if death occurred In .....Ward) a hospital or institution, give its NAME instend of street and proper stated MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX COLOR OR RACE ERMANEN MARRIED. WIDOWED OR DIVORCED 6 DATE OF BIRTH instruction (Month) (Day) (Year) Ilf LESS than and that death occurred on the date stated above, at 7 AGE I day hrs. The CAUSE OF DEATH \* -THIS OF. min.? 8 OCCUPATION te 99 (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in Durstion) which employed or (employer) 9 BINTHPLACE Secondary (State or country) 10 NAME OF (Address) RENTS deaths from OF FATHER \*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA inform ients or Recent Regidenta) 13 BIRTHPLACE occu At place OF MOTHER of death. (State or Country) Where was disease contracted, if not at place of death?..... usual residence. Every it CIANS stateme If more blanks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting

BINDING

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Colton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Former or Planter, cupation is very important; so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekecpers who receive a loborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer Housemaid, etc. If the occupation has been changed or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (nover report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ....... (name origin; "Cancer" is loss definite; avoid American Medical Association.) Letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory not

NASI-	PLACE OF DEATH
T a	County Josche
D CTLY ssiffle	Village or Cit Come
EXAC riy clas	²FULL NAME
SNT stated proper	PERSONAL AND ST
N pg d	3 SEX 4 COLOR OR
IDING RMANENT wild be sta may be pro	J W
	6 DATE OF BIRTH

	PLACE OF DEATH	13320	STATE OF M	MARYLAND
	County Hoschester		CERTIFICATE	OF DEATH
		(10)	Registration D	Dist. No. 1/6
	INDIAN COMPORATE LIMITS OF	14		(16 1-4)
Vil	lage or City Surly (No. 09	Joury	St.:Ward)	a hospital or institu-
	2FULL NAME Horma Lee	Jones	,	stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICA	AL CERTIFICATE O	F DEATH
3 9	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	Dec (Month)	01 , 1926 (Day) (Year)
6 0	0ATE OF BIRTH  Ay 16, 1920	(/)	8 1916 . to	I O 1980.
-	(Month) (Day) (Year)			above, at 4 2, m.
	If LESS than I day hrs. /5 ds. or min.?	The CAUSE OF DEAT		above, atf
(:	a) Trade, profession or articular kind of work	Diff	theria	***************************************
Ь	b) General nature of industry usiness, or establishment in which employed or (employer)		(Duration)	yrs. 1 0 de.
-	BIRTHPLACE (State or country)	Contributory Secondary	(Duration)	
	10 NAME OF FATHER AMA	(Signed) TOZ'	1. Thr	wer from. D.
RENTS	11 BIRTHPLACE OF FATHER (State or country)	1 D	sease Causing Death, ate (1) Means of Inj or Homicidal.	on in death tooks
PARE	12 MAIDEN NAME Com Or MOTHER Com Or MOTHER		SIDENCE (For Hospit	als, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsm		yrsds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contribit not at place of dead	h?	
	(Informant) mo Elma Juse	Former or usual residence	L OR REMOVAN	DATE OF BURIAL
	(Address) Cambridg My	Camp	to Ind	Jun 2 , 193/
15	Filed Jon 2 1928 ESWAFF Registrar	20 UNDERTAKER	Glbank &	(Mandada )
-	If were himks are needed address State Registra	r. 16 W. Saratoga St.	Balto., Requesting V. S	5. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a Foreman, (b) Automobile foctory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (b) Grocery,

Statement of Cause of Death—Name, first, the DISTANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrosphud fever (the only definite synonym is "Epidemic cereprolaspinal meningitis"); Diphtheria 'avoid use of "Croub'); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Johnson St.

stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. discases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronehopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) Recommendations on statement of cause of elanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Aecidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Nomenclature Chronic valvular heart disease, etc. The contributory

V. S. No. 1

PHYSI-

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6

7

	1PLACE OF DEATH
	County Dorchester
Vi	llage or City Vienna, R.D. (No
	PERSONAL AND STATISTICAL PARTICULARS
	Male Color or RACE SSINGLE, MARRIED, WIDOWED, Married OR DIVORCED (Write the word)
6	July 12th., 1862.  (Month) (Day) (Year)
	If LESS than I day hrs. or min.?
P ()	a) Trade, profession or articular kind of work Farm Laborer. b) General nature of industry usiness, or establishment in which employed or (employer)
9 5	(State or country)  MARYLAND
	10 NAME OF FATHER John Jones.
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  MARYLAND
	of Mother Sallie Pinder.
	18 BIRTHPLACE OF MOTHER (State or country)  MALYLAND
4	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant) Clarence Jones. (Son.)

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)

Registration Dist. No. 112.

(If death occurred in

5	tion, give Its NAME is stead of street end number.)
MEDICAL CEI	RTIFICATE OF DEATH
	AY 1 2 1930 , 192 (Year)
17 I HEREBY CERTIF	FY, That I attended the decemed from
	the date stated above, at 11:15 Pm.
Cerebral He	emmorrhage.
	(Duration) O yrs O mos O ds.
Contributory Secondary (Signed) Ddward (	(Direction) Oyte mos ds.  O Cambridge M. D.  See) Vienna, Md.
*State the Discase C Violent Causes, state (1) Accidental, Suicidal or Homic	Causing Death, er, in deaths from Means of Injury and (2) Whether oidal.
18 LENGTH OF RESIDENCE ients or Recent Residents) At place of death yrs nos	In the
Fork Neck, Dor.,	248364
Lewis Baenum,	Cambridge, Md.

If more bonks are needed, addre-s ttate Registrar, 16 W. Saretoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (c) Salesmon, (b) Grocery; (c) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) whatever, write None. tired 6 yrs. business, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook ployed as At school, or At home. Care should be taken work, or At Home, and ehildren, not gainfully emdefinite salary, may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive orgineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day For persons who have no oeeupation

Strument of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

tctanus) may be stated under the head of "eontributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perdonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ezhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. approved by Committee on Nomenclature and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, curbolic acid-probably suicide. The nature of the injury, accident; Revolves wound of houd-homicide; Poisoned by taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; Chronic Chronic interstitial nephritis, inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Caneer" is less definite; avoid Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

HYSI-Exact

PLACE OF DEATH  County Downson  Joddwlle, md.  Village or City (No.  2FULL NAME Mo. M. T.	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SSINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  15
6 DATE OF BIRTH  Month (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1970 to 200 14 , 1970 that I last saw han alive on 2000 14 , 1985,
7 AGE    If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, at J. m. The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration) yrs mos 6 ds.  Contributory Secondary
10 NAME OF FATHER HAMMAN AMAIN II BIRTHPLACE OF FATHER (State or country)	(Signed) M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
(Informant)  (Address)  Filed Nov 16 130 Wilson & Original Registrar  If more branks are needed, address State Registrar	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS  Camhyn M.  1, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been changed laborer, report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Plonter Foreman, For many occupations a single word or term on or At Home, yrs). Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesmon. without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The and children, Locomoline not gainfully em-(b) Grocery; material enginear,

Statement of Cause of Death—Name, first, the DIREASE CAUSING DEATH (the primary affection with hospecto time and causation), using always the same accepted term for the same disease. Examples: Cerebro pinal fever (the only definite synonym is "Epidemic cerebro spinal meningitis"); Diphilheria (avoid use of "Croup Typhoid fever (never report "Typhoid Pneumonia," Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacnia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, (secondary or intercurrent) affection need not be stated unless important. Example: Meosles (disease approved by (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) telanus) may be stated under the head of "contributory." corbolic ocid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Exhaustion, as fracture of skull, Examples: Accidental drowning; Struck by railway troinperilonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi cough; "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Committee on Nomenclature of the Chronic and consequences (c. g., sepsis, etc. The contributory valvular heart disease;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

	PLACE OF DEATH County Dorchester
Vil	lage or City Herrbock, Hed (Far
	2FULL NAME JUSTINIA
	PERSONAL AND STATISTICAL PARTICULARS
The	A COLOR OR RACE SHINGTE, MARRIED, Jufant OR OTVORCED (Write the word)
6 0	July 29, roll 30, 14.30 K
7 0	GE If LESS than I day hrs. O ds or 10 min.?
P.	b) General nature of industry usiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Aulah
NTS	10 NAME OF FATHER OF FATHER (State or country)
PARE	12 MAIDEN NAME Pauleus Sampson
	OF MOTHER (State or country)
14	(Informant) Have to the BEST OF MY KNOWLEDGE  (Address) Huslesh Md Ray
15	Filedfuly 23 1938 Mus N Micolo

37971 STATE OF MARYLAND CERTIFICATE OF DEATH

LEI	X 11171	CAIL	U	r DE	AIH	
~	Regist	tration I	ist.	No.	111	
he.	Colo	human	(1	fdaath		:

(If death occurred im a hospital or institution, give its NAME instend of streat and number.)

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH 12 (Month) (Day)	
That I attended the a	oceased from
that I last saw hlive on	, 192
and that death occured on the date stated above, at	Fee,
The CAUSE OF DEATH * was es follows:	
Infort was foctors 5 menth gestation bre duit (of mounts after	2 2 llite rif
Contributory	****
(Signed) (Duration) yrs (Signed) (Address) (Paston *State the Discase Causing Death, or, in development Causing State (1) Means of Injury and (2) Accidental, Suicidal or Homicidal.	nosde
18 LENGTH OF RESIDENCE (For Hospitals, Institut	iens, Trans-

Ients or Recent Residents)

At place In the State yes mos death yes mos death.

9 PLACE OF BURIAL OR REMOVAL

Janly 23 193

WDDRES 7

If more branks are needed, address Stata Registrar, 16 W. Seretoga St., Bako., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (c) fulness of various pursuits can be known. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Furmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health whatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, of At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Physician, Compositor, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a etc., to know ician, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many For many occupations a single word or term on Farm laborer, without more precise specification as Day who are engaged in the duties of the (a) the kind of work and also (b) the Laborer-Coal mine, etc. (b) materia Grocery; Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menin titis"); Diphtheria (avoid use of "Craup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,");

"Inanition," "Marasmus," "Old Age," "Shock, stated unless important. carbolic acid-probably sweide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) Chronic interstitial nephritis, American Medical Association.) approved by Committee on (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway truin Whooping cough; .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease etc. affection need not be valvular heart Nomenclature of the " etc.), "Dropsy, Always qualify all The contributory Measles; disease; etc., of

PLACE OF DEATH County Doublestee	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. //
Village or City Madesano.  2FULL NAME Varah Kar	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WILLOWS WILLOWS OR DIVORCED (Write the word)	16 DATE OF DEATH , 192 3 0 (Month) (Day) (Year)
6 DATE OF BIRTH  May  (Month)  (Day)  (Year)	that I last saw halive on 1923,
7 AGE  56 yrs. — mos. 75 ds. or min.?	
a OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry husiness, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country) Will 10 NAME OF George Wifore	Contributory Secondary  (Duration)  (Signed)  M. D.
II BIRTHPLACE OF FATHER (State or country) UN 12 MAIDEN NAME	*State the Disease Causing Desth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Junea Theles  13 BIRTHPLACE OF MOTHER  OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs ds. ds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) Madron md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL June 6, 1930
Filed Jame 6 1920 ElWalf	Donald Relevel Cult

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: \*Cerebrospinal fever\* (the only definite synonym is "Epidemic cerebrospinal meningitis"); \*Diphtheria\* avoid use of "Croup"; Typhoid fever\* (never report "Typhoid Pneumonia"); \*Lobar pneumonia, Bronchopneumonia\* ("Pneumonia,")

(Recommendations on statement of cause of American Medical Association.) inges, peritonocum, etc., Corcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Meosles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicuonia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved telanus) may be stated under the head of "contributory." (secondar) or intercurrent) affection need not be as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercun be ascertained as the cause. "Atrophy." "Collapse." "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Chronic valvulur heart disease, Example: Measles (disease etc. The Nomenclature Always qualify all contributory

County Parchester	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Mades from 2FULL NAME Charles How	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of a street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH JON 2 4 , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH  Mar 18, 1883	that I last saw ham alive on January 22, 1920,
(Month) (Day) (Year)  7 AGE  How the property of the property	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	(Duration) y10.0111 1100 9 4 ds.  Contributory Secondary Duration) , y15.0111 1100 9 ds.
10 NAME OF FATHER COUNTRY)  11 BIRTHPLACE OF FATHER (State of country)  (State of country)	(Signed)
12 MAIDEN NAME Juilly Krahe OF MOTHER Juilly Krahe 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds, Stateyrsmosds.
(Informant) Rose Des Campon  (Address)	Where was disease contracted, if not at place of dea.h?  Former or usual residence
15 Filedow 27 1920 ESWolff	20 UN DERTAKER Relie ADDIESS Reck  16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Form laborer, Laborer—Coal mine, etc. Womwhatever, write None. tired 6 yrs)... For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Physician, nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile foctory. The material For many occupations a single word or term on Compositor, Architect, Locomotive engineer, stationary firemon, etc. But in many Locomotive engineer,

Stritement of Cause of Death—Name, first, the DISEARS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the American Medical Association.) (Recommendations on statement of cause of death tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Scnile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (discase (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of "Uraemia," "Weakness," etc., when a definite disease ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, interstitial nephritis, Chronic ," "Old Age, etc. volvular heart disease; The contributory " Shock," Mcosles;

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state the party of DEATH in plain terms so that it may be properly classified. Exact PERMANENT WITH UNFADING INK--THIS IS

BINDING

MARGIN RESERVED FOR

PLACE OF DEATH	10358 STATE OF MARYLAND
County Develete	CERTIFICATE OF DEATH/
Village or City 2 College a 10	Registration Dist. No.  St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 9 30 192 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw halive on 7- 25 , 1923
7 AGE    If LESS than   I day hrs. or min.?	
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF	Contributory Secondary  (Duration)  yrs
FATHER OCCURRENCE  OF FATHER  (State or country)  12 MAIDEN NAME(A)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  OF MOTHER (State or Country)	At place of death yrs mos. ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence
(Informant) (Address)  (Address)  Filed 2 1931 ESWaff Registrar	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Jelen Weel  20 UNDERTAKER  ADDRESS  ADDRESS
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

## REVISED UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (o) Salesman. should be used only when needed. As examples: (o) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolic engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oewhatever, write None. Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material to know engineer, Stationary fireman, etc. But in many For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Cool mine, etc. Womyrs). without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthera avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(seeondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Careinoma, Sorcoma, etc., of ...... (name origin; "Caneer" is less definite; avoid approved as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uracmia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Meosles, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY NG cough; Committee on Chronic etc. The valvulor Nomenclature Always qualify all heart eontributory disease,

B.--Every Item of information should be carefully supplied the should be state. EXACTLY CIANS should state CAUSE OF DEATH in piain torms so that it may be proporly classified. statement of OCC. TION is very important, See instructions on back of certificate. EGORD A PERMANEN BINDING FOR WITH UNFADING INK---THIS IS RESERVED MARGIN Z

PLACE OF DEATH	02886 STATE OF MARYLAND
County Oxchester	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City (No	St.: Ward) (If death occurred in a hospit I or institution, give its NAME in-
2FULL NAME Danis R. Kee	stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Caloud (Write the word)	(Signth)—(Day)—(Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from  March 192 to 2 2 4 192
(Lighth) (Day) (Ve	
7 AGE	
7 8 yrs. 6 mos. 19 ds or n	
BUCCUPATION	Jugita -
(a) Trade, profession or particular kind of work	
(b) General nature of industry	3
Nobusiness, or establishment in Auring Which employed or (employer)	(Duration)
9 BIRTHPLACE	Contributory Secondary
(State or country) Douchester	(Duration) yrs mosds.
FATHER Volan treve	(Signed) Tube Leeve M. D.
11 BIRTHPI ACE	3/3.1/192 (Address)
OF FATHER Z (State or country)	Vinent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Down Ruse	18 L.NGTH OF RESIDENCE (For 1 ospitals, Institutions, Transients or Recent Residents)
13 EIRTHPLACE OF MOTHER	At place of death yrs mos. ds. State yrs mos ds.
(State or country)	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) David McCuely	
(Address) Opt W	Crapo March 31, 1130
15 Filed March 30 1923 0 Mrs H. S. Cousie Rogistre	Lewis A Bayneum Cambridge
If more hanks are needed, address State Keg	istrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed played, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, et . But in many Physician, Compositor, Architect, the first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, etc., For many occupations a single word or term on or At Home, and children, not gainfully emyrs). salary), may be entered as Housewife, House-Farm laborer, without more precise specification as Day For persons (b) Automobile factory. The material who have no occupation Locomolive engineer, (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Enamples: Carebros pinal Jever (the only definite synonym is "Epolemic cerebrospinal menticities"); Diphthera (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pheumonia"; Lobor preumonia Bronchopneumonia ("Pneumonia,"

> "Exhaustion," "Heart failure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all stated unless important. American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," ctc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of . . . . . . (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough , Chronic valvular heart discuse;

If this certificate is looked over thoroughly and all quantum answered in derail, it will prevent further correspondence. ... 'he data is essential and must be obtained before the certificate is permanently filed.

No. 1 อวั

	PLACE OF DEATH	
	County Lles Olyslu	Ti
Vil	llage or City Taylor's Island	1/4
	2FULL NAME JERMUND X	e
	PERSONAL AND STATISTICAL PARTICULARS	
2	A COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	-
6 [	Feb 20, 193  (Month) (Day) (Year)	0
7 A	Hyrs. 1 mos. 5 ds. or min.	.   -
(I) b	a) Trade, profession or harticular kind of work b) General nature of industry husiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	
rs.	10 NAME OF FATHER TALLS KILLLE  11 BIRTHPLAGE OF FATHER	
Z (State or country)  12 MAIDEN NAME OF MOTHER OWNER ALLE		1
	13 BIRTHPLACE OF MOTHER (State or Country)	
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	1
	(Informant) Delia Nilson (Address) Taylay Isld	- 1
15	Filed June 25 1920 John C. Neild Registras	. 9

07189

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

NAME Jermiers K	St.: Ward)  a hospital or institution, give its NAME instead of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 2 5, 1980  (Month) (Day) (Year)
Feb 20, 1932 (Month) (Day) (Year)	that I last saw h after on 6 - // 1923 1923
yrs. J ds.   If LESS than   1 day hrs.   or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
ssion or of work  The of industry blishment in	(Duration) yrs mos da.
Frank Kleue	Contributory Secondary  Duration)  M, D.  (Signed)  (Address)
ountry) Md	*State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
ce consulty)	At place of deathyrs
Jaylan Isla  25 1930 John C. Nill	Where was disease contracted, if not at place of dea.h?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  DATE OF BURIAL  ADDRESS
Registrai	, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Puysician, the first lipe will be sufficient, e.g., Farmer or Planter, Foreman, (b) Automobile factory. The material etc., For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womknow (a) the kind of work and also (b) the without more precise specification as Day Compositor, Architect, For persons who have no occupation Locomolive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n:ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY ("Congenital," Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Committee on Nomenclature of the Chronic valvular heart disease; etc. The Always qualify all contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	PLACE OF DEATH	13745 STATE OF MARYLAND CERTIFICATE OF DEATH
	County States	(183) CERTIFICATE OF DEATH
		Registration Dist. No. 115
Vil	2FULL NAME Levin Harrington	St: Ward) (if death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH \(\sigma\). 2 \(\neg \), 19\(\delta\) \(\text{(Year)}\).
6 D	PATE OF BIRTH	17   HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	that I last saw have alive on \ \N. 2 \times 1930
occupation (a) Trade, profession or (a) Trade, profession or (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		and that death occurred on the date stated above, at H=Pm, The CAUSE OF DEATH * was as follows:  Gun shot wound Bught rule for
(t b	o) General nature of industry usincess, or establishment in hich employed or (employer)  IRTHPLACE (State or country)  Wangland  .	(Duration) yrs. mos ds.  Contributory Secondary  (Duration) yrs. roos ds.
ITS	10 NAME OF FATHER LEVEN Thomas Keens 11 BIRTHPLACE OF FATHER  OF FATHER	(Signed) James M. D.
PAREN	(State or eountry)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or Country)  (State or Country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Sulcidal or Homloidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
4 1	(Informant) Mis Summer & Afring,	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL
15	Filed NV- 25 1986 anno Meach Registrar	Jaylor Jalans, md Mr. 26, 1930  20 UNDERTAKER  G. S. Secondo Cambridge Md  7, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Doy worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foremon, or At Home, and children, For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salcsmon, For persons who have no occupation (b) Automobile factory. The material Laborer-Coal minc, etc. Womnot gainfully em-As examples: (a) (b) Grocery; cugineer,

spinal meningitis"; Diphtheria avoid use of "Croup"); Terer (the only definite synonym is "Epidemic ccrebroed term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EALS CAUSING DEATH the primary affection with respect Statement of Cause of Death-Name, first, the DIS pneumonia, Bronchopneumonia ("Pneumonia,

> "Inanition," "Weakness," etc., whon a definite disease "Enaustion," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by railway troinand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need Chronic interstitiol nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvulor heart etc. The contributory Nomenclature disease, not be

answeted in detail, it will prevent further correspondence. All the Cata is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all qu stions

permanently filed.

V. S. No. 1

N. B.-

	67973
PLACE OF DEATH	STATE OF MARYLAND
County Cockes (1)	CERTIFICATE OF DEATH
	Registration Dist. No. / 6
THIN TORPONATE LIBITO OF	
Village or City Culture	St.: Ward) a hospital or institu-
19.1	tion, give its NAME in- stead of street and
2FULL NAME AGAM	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
MARRIED Lugle	Jacy 6 01, 1950
(Write the word)	(Money) (Year) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
July 5 1930	112/(0) , 192, 192,
(Month) (Day) (Year)	that I last saw hative on family 192,
7 AGE // If LESS than	ond that death occurred on the date stated above, atm.
I dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	0 1
a OCCUPATION (a) Trade, profession or	Vormen Brock -
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) yrs. mos. ds.
which employed or (employer)	
9 BIRTHPLACE (State or country)	Contributory Secondary
(State of country) Hayland	(Duration), yrs. da,
TO NAME OF THE FATHER TO A COLUMN TO A COL	(Signed) A. M. D.
/can please	puly 2 1920 (Address) autedge, md
OF FATHER	*State the Disease Causing Death, or, in deaths from
Z (State or country) May Cond	Violey Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER /	At place of death yrs. mos. ds. State yrs. mos. ds.
(State or County)	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BERT OF MY KNOWLEDGE	Former or
(Informant) Burch Felifecale	Pesidence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	muly ruck that they, 1950.
1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
15 Eller 1 1981 STWEET	20 UN DERTAKER ADDRESS
Filed	peurs I Bay neum Voulidge Jud
Filed Registrar  If more blanks are needed, address State Registra	peurs I Bay neum Voulidge Jud

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it eases, especially in industrial employments, it is neceswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Statement of Occupation-Precise statement of oc-Foreman, or At Home, and ehildren, For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Worn-(b) Cotton mill; (a) Salesman, (b) Compositor, Architect, Locomotive For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The not gainfully emmaterial engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." earbolic acid-probably smede. The nature of the injury, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septienemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify al. "Exhaustion, Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from ehildbirth or miscarriage as cough; 9 9 "Heart failure," "Haemorrhage," Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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	PLACE OF DEATH County Sweheslin	9180 STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City Clubull (No. Jul	Registration Dist. No. // G  Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TO WORK	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Mouth) (Day) (Year)
	(Month) (Day), 193	that I last saw h last
	Je J	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:  Drud who as 3 months
	a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER  (State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or Country)  14 MAIDEN NAME OF MOTHER  (State or Country)	(Signed)  *State the Visease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs
j	(Informant) Hower Kennow	if not at place of dea.h?  Former or usual residence
	(Address) Arch ParifM,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Orafinal Sufficient Apple Appress  ADDRESS
	Filed Ory, 14 1930 Elibert Registrar	Orderly at Horgx. Combidge. Int

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation without more precise specification as Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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XACTLY, classified.

	PLACE OF DEATH
(	County So electo
Vill	age or City Craps. (No.
3	2 FULL NAME Grage 4. Ken
	PERSONAL AND STATISTICAL PARTICULARS
3 9	WILL COLOR OR RACE SANGLE MARRIED, WILDOWED OR DIVORGED (Write the word)
6 D	ATE OF BIRTH
	(Month) (Day) (Year)
7 A	
	6 V yrs. 1 mos. 14 ds. or min.?
P	a) Trade, profession or articular kind of work  b) General nature of industry
N.	usiness, or establishment in which employed or (employer)
9 E	(State or country) Drester Country
	10 NAME OF FATHER THE GALLE GALLE HE
NTS	OF FATHER (State or country)
PARE	12 Mainen NAME of MOTHER They of Pritale
	OF MOTHER (State or Country)
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant) Mary of Leaves

#### STATE OF MARYLAND. CERTIFICATE OF DEATH

(29)

Registration Dist. No. 114

St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)

	MEDICAL	CERTIFIC	ATE OF	DEATH	
16 DATE OF	Me	(Month		(Dar)	19 <b>3</b>
	HEREBY CE	RTIFY, That	1 atten	ded the dea	ceased from
	aw h A a				
The CAUSE	of DEATH *	Was as follo	Le	·	
Second	ary Co	(Duration	) 2		nosds.
/*State	e the I is as Causes, state	Address) Causing (1) Means	a consequent		4
At place of death	NOF RESID	ents) ds.			ions, lr.ns
East	new 1	Mark		nay /	

If more b.anks are needed, addre.s tate Registrar, 15 W. Saratoga St., Balto., Lequesting V. S. No. 1.

Registral

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, en at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business of industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Locomotive engineer, (6)

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal lever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

(Recommendations on statement of cause of American Medical Association.) tctanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The n-ture of the injury, as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease atic), approved by accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st.ted unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Committee on Nomenclature of the Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ounty Douberter	CERTIFICATE OF DEATH Registration Dist. No. //6
ge or City Cambridge (No. 204 2 FULL NAME Jofant Kim	Academy St.: Ward)  (If death occurred is hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ATE OF BIRTH  A COLOR OR RACE 5 SINGLE,  WIDOWED OR DIVORCED (Write the word)  1 530	16 DATE OF DEATH  (Month) (Day) (Year  1 HEREBY CERTIFY, That I attended the deceased fr
42 mo abortion If LESS than I dayhrs.  CUPATION Trade, profession or	and that death occurred on the date stated above, at  The CAUSE OF DEATH & was as follows:  Yh Man, about a the cause and the cause a
OGeneral nature of industry siness, or establishment in hich employed or (employer)	Centributory Secondary  (Duration)yrsmos
10 NAME OF LE KINNAME  II BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  OF THE STATE	(Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traisnts, or Recent Residents)  At place In the of death yrsmosda. Stateyrsmos
(Informant) July & Calleriage  (Address) Combidge Ind  iled June 3 192 Ellery	if not at place of death?  Former or usual residence
	PERSONAL AND STATISTICAL PARTICULARS  EX

(Approved by U. S. Census and American Public Health Association.)

fuiness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it rature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, specially in industrial employments, it is neces-Civil engineer, Stationary stremen, etc. But in many Physician, Compositor, Architect, Loconotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary). may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occ pations of persons enwhatever, write None. isred 6 yrs.). state occupation at beginning of illness. If retired from Housemaid, ctc. Statement of Occupation-Precise statement of ocsiness, that fact may be indicated thus: Farmer (re-Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation If the occupation has been changed

Btavement of Cause of Death—Name, first, the bisrase causing death (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid pneumonia");
Lober pneumonia, Bronchopneumonia ("Pneumonia")

unqualified, is indefinite); Tuberculosis of lungs, men symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or causing death), 20 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic interstillal nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; discases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvuisions." (secondary or intercurrent) affection need not be Whooping cough; and qualify as accidental, suicidal, or Homicidal, of State cause for which surgical operation was under-"Purperal sopticuemia," "Purperal peritonitis," etc. head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skuli, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on FOR VIOLENT DEATHS STATE MEANS OF INJUNY "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; Aiways qualify all "Coma," "Conterminal (second-(disease

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V. S. No. 1

	PLACE OF DEATH	09181 STATE OF MARYLAND
	County Corcluster,	CERTIFICATE OF DEATH
		Registration Dist. No.//@
	Village or City Klun Yoek (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
	2FULL NAME J. Frank Ki	stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, With the word)	16 DATE OF DEATH Quig. 30", 1930  (Medil) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	Mar, H", 185H	192 , to, 192,
	(Month) (Day) (Year)	that I last saw h alive on 192,
	7 AGE    If LESS than   I day hrs.	and that death occurred on the date stated above, at
	8 OCCUPATION mos. or min.?	Dutlest's
	(a) Trade, profession or patived approver	The lesans come in attendance
1	(b) General nature of industry business, or establishment in	Production of the state of the
	which employed or (employer)	Contributory
	9 BIRTHPLACE (State or country)	Secondary  A Duration yes mos A ds
	10 NAME OF Codesard Kirby.	(Signed) Tobut a. Nashing & docate
	O II BIRTHPLACE	192 (Address) Death or in deaths
	OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Helen Warner,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
1	13 BIRTHPLAGE OF MOTHER	At place In the of death yrs mos, ds. State yrs mos, ds.
	(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	Jan King	Former or usual residence
	(Address) Aurisoels. Mid.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Sept. 2", 1930
	15 Filed Sep 1 2t 1923 ON A Hashing 2	20 UNDERTAKERS ADDRESS ATT TO AUTOM & SOM. Deder of Source
	. /	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

A 4.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housenaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Civil engineer, Stationary fireman, etc. But in many Foreman, (b) Automobile factory. The materia For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation single word or term on (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted te: a for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondar; or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, menapproved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e g., sepsis, carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse." "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY name origin; "Cancer" is less definite; avoid Committee on Nomendature Always qualify all Measles;

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N. B.--Every Item of information should be carefully supplied. ACC should be stated EXACTLY, N. 181-CIANS should size CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCU. ION is very important. See instructions on back of certificate. ORD PERMANENT BINDING MARGIN RESERVED FOR WITH UNFADING INK--THIS IS 02

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	PLACE OF DEATH	G394 STATE OF MARYLAND
	County Durchester)	CERTIFICATE OF DEATH
	TORPORATE DIVITE OF	Registration Dist. No.
Vil	lage or City Cambridge (No.	St: Ward)  (If death occurred in a hospital or institution, give its NAME least and of street and
	2FULL NAME Salph Durwa	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	rale white Single, single who white Single (Write the word)	16 DATE OF DEATH , 1930 , 1939 (Month) 30 (Day) 1939 (Pear)
6 1	(Month) (Day) (Year)	that I last saw h MM slive on 1920.
7 /	If LESS than	and that death occurred on the date stated above, at 11.45'A. m.
	I dayhrs.	The CAUSE OF DEATH * was as follows:
-	mosmin.}	Seeme Tank Ream bum 1
184	a) I rade, profession or	1-1 les in + 2- 2 200 34 00-10"
100	h) General nature of industry	Circle distribution it will
JI B	visiness, or establishment in which employed or (employer)	caught fire from lighted the thrown we cut de.
W-	BIRTHPLACE DO	Contributor mother young chood of the family
}	(state or country) Maryland	(Duration)ds
	10 NAME OF FATHER Palph Kirwan - DN	(Signed) M. D
SLNE	OF FATHER (State or country) Marsyland	*State the l'isease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidel or Homicidal.
PAR	OF MOTHER Mildred Forwell	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trafficients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)	At place of death
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, fame it not at place of dea h?
		Former or usual residence
	(Informant)	19 PLACE OF BURIAL OR REMOVAL
	(Address)	cropo, Ned yer, 170
15	Filed Janua 3/ 180 E E Wolf Registras	To UNDERTIKER Casespate Casesbuly Mil
=	If more b.anks are needed, addre.s atate Kegistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and chirren, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the dutics of the household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed worked on may fown part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealetc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia");

carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacemia," "PUERPERAL peritoritis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. use of "Tumor" for malignant neoplasms); Mcasles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic Example: Measles (disease etc. The contributory valvular heart disease; not be

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Village or City (If death occurred In a hospital or institu-tion, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIE WIDOWED. OR DIVORCED (Write the word) (Month) HEREBY CERTIFY, That I attended the deceased from (Day) IIfLESS than 7 AGE and that death occurred on the date stated above, at The CAUSE OF DEATH \* was as follows: (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) ... Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF 11 BIRTHPLACE \*State the Piscase Causing Death, or, An deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER ENT (State or country) 12 MAIDEN NAM 2 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE Stai In the At place OF MOTHER ..yra......ds. of death (State or Country Where was disease contracted, if not at place of dea.h?. usual residence If more beanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

Qute filed from Explicate.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Gensus and American Public Health, Association.)

cupation is very important, so that the relative healththred 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Stationary fireman, etc. But in many

Strtement of Cause of Death—Name, first, the DIS-EALL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> -(Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of eurbolic acid-probably suicide. The n ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Aecidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report more symptoms or terminal condicough; or intercurrent) Chronic valvular heart disease; etc. The contributory affection need not be Measles ;

If this certificate is looked over thoroughly and a I qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	PLACE OF DEATH	14926 STATE OF MARYLAND
	County D puhala	CERTIFICATE OF DEATH
	OIR. F. Dh	Registration Dist. No.
9.	Village or City Cambridge Mrs. R. F. Dh	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
certificate	2FULL NAME Mary II.	stead of street and number.)
Cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of	3 SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
s on	6 DATE OF BIRTH  Ly1 16 , 1636  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Lattended the deceased from 190 to 1901, that I last saw her alive on Die 1901,
nstruction	7 AGE  9 2 yrs. 2 mos. 2 ds. or min.?	and that death occurred on the date stated above, at 11/15 pm.
rtant. See in	occupation (a) Trade, profession or particular kind of work	Cerebrul Haemourhage
	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
odwi	9 BIRTHPLACE (State or country)	Contributory Secondary  (Durstion) dsdsds.
s very	10 NAME OF FATHER ATC DUME.	(Signed) To Throng M. D.  Dec 12, 1980 (Address) Sandridge J.
NOI	OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
D	of MOTHER Inference	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
of Occu	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contacted, if not at place of death?
neu	(Informant) And Charles anne	usual residence
staten	(Address) Cambrely My	East Down Market Ind Pre / 4 183 D
"	Filed Nev. 13 1980 / Erwolf Registrar	Lynk E. alburg Campy md
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer ar Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Hausekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salcsman. Physician, wark, or At Hame, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, whatever, write Nanc. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Farm labarer, Laborer-Coul mine, etc. Womwithout more precise specification as Day Campasitor, Architect, Locamotive engineer, (b) Autamabile factory. The material (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiliwria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Labar pneumania, Branchopneumonia ("Pneumonia,")

1838 05-16 41

inges, perilanaeum, etc., Carcinama, Sarcama, etc., of ........ (name origin; "Cancer" is loss definite; avoid (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "Puerperal septicuomia," "Puerperal peritonitis," etc. "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-hamicide; Poisoned by or as prabably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uruemia," "Weakness," etc., when a definite disease "Exhaustion," Whooping cough; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY " "Marasmus, " "Old Age, " "Shock," Committee Chronie on valvular heart disease; etc. Nomenclature The contributory Always qualify all

If, this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, P CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. PERMANENT MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS V. S. No. 1

PLACE OF DEATH	01538 STATE OF MARYLAND
County Direction	CERTIFICATE OF DEATH
ner (1 1	Registration Dist. No.//6
Village or City tenlocks (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	DATE OF DERTH , 1930  (Month) 3 / (Das/5 3 O(Year)
6 DATE OF BIRTH  28 (Month) (Day) (Year)	Saw hard of selection 25, 1980.  that I last saw har alive on Jone 25, 1980.
7 AGE  yrs, 2 mos. / ds. lday hr or min	rs. The CAUSE OF DEATH * was as follows:
a) CCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos. ds.
9 BIRTHPLACE (State or country) many Lund	Contributory and in the days contributory Secondary (Durstion) yrs, mos ds.
10 NAME OF FATHER Carnest Lake	(Signed) M. D.
OF FATHER (State or country) Derekup lu leo Ind	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER amel Trung	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Mary Carrol	At place In the of deathyrsmosds. Stateyrsmesds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) Huloch mel 1742	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL FILE 1 , 19.38
15 Filed Hely 19250 Trobut he Hasher Registrar	Earnel Lake Harlock und
If more blanks are needed, address State Registr	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). gaged in domestic service for wages, as Servant, Cook, ployed. as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the workel on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocwhatever, write None. busines, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a to report specifically the occupations of persons en-" etc., For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal moningitis"); Diphthena avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septimemia," "PUERPERAL peritonitis," etc. stated unless important. inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify ali "Inanition," "Marasidus," etc., when a definite disease "Iraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi by cough; or intercurrent) Committee on Nomenclature of the Chronic Example: Measles (disease valvular heart disease, affection need not be etc. The contributory Measles ,

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BINDING

MARGIN RESERVED FOR

plied. ACE should be stated EXACTLY, rms so that it may be properly classified. Instructions on back of certificate. WITH UNFADING INK--THIS IS, supplied. of information should be carefully and state CAUSE OF DEATH in plain occurrent. CIANS should statement of OC

N. B.

Importa

M ) "			
act act	PLACE	OF	DEATH

County

Dorchester

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

113

Vil		NAME Hen	ry Webster Lambdin	St.: Wat	rd) a hospitel or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL	AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 8	M. White Single WIDOWED.  White Write the word)		16 DATE OF DEATH October 21 (Month)		
6 [	DATE OF BIRTH	Oct.	10th , 1 850 (Day) (Year)	17 I HEREBY CERTIFY, That I	attended the deceased from, 192,
7 4	AGE	80 yrs	lf LESS than l day hrs mos. 11 ds. or min.?	The CAUSE OF DEATH * was as follows:	
p (l b	ousiness, or estab	f work		General Debility  (Durstion)	
_	BIRTHPLACE (State or countr		Md.	Contributory Secondary (Durstion)	
	FATHER	Thomas	Lambdin	(Signed) 1930 (Address) lay	luis Isl'd ma
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Margret Hubbard			Md.	*State the Disease Causing Dea Vlolent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	th as in deaths from
12 MAIDEN NAME OF MOTHER Margret Hubbard		18 LENGTH OF RESIDENCE (For Ho			
	13 BIRTHPLAC OF MOTHER (State or Con	untry)	Md.	At place In of deathyrsds.	the Stateds.
14	(Informant)		of my knowledge Lambdin	if not at place of death?  Former or usual residence	200000000000000000000000000000000000000
			r's Island	Taylor's Island	Oct 22 , 1930
Filed Oct 22 19230 J. R. Neild Registrar			J. R. Neild	20 UNDERTAKER Donald Richardson	Church Creek

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., Without more Province, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Foreman, For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The material single word or term on 6 Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom. use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Chronic interstitial nephritis, Whooping cough; American Medical Association. ..... (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease, Example: Measles (disease etc. The contributory

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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Dorduster	CERTIFICATE OF DEATH
County	1-0
THIN CORPORATE INITE OF	Registration Dist. No.
Village or City Cautrock (No.	Hardel (If death occurred in a hospital or institu
2 FULL NAME Telen man	and a demberta number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH 7 19
Yeurele White OR DIVORCED	1930
6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attanded the deceased from
July 78 911	7-/5 1927 to 7-/9 ,1927
(Month) (Day) (Year)	that I last saw har alive on 7-18 , 197 v
7 AGE   If LESS than	
1 2 1 1 Q I day	
yrs.   Mos.   Ads.   or min.?	Topland I have
8 OCCUPATION (a) Trade, profession or	
particular kind of work	/
(b) General nature of industry business, or establishment in	
Uwhich employed or (employer)	(Duration)ds
9 BIRTHPLACE (State or country)	Contributory
10 NAME OF	(Duration) mos, de
FATHER CANADA O Taulatsa	(Signed) M. D
IN II BIRTHPLACE	197 (Addrean)
OF FATHER (State or country)  12 MAIDEN NAME()	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER With M. Boston	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents) At place
OF MOTHER (State or Country) Waryland.	of deathyrsds. Stateyrsds
14 THE ABOVE IS TRUE TO THE BEST OF MY CHOWLEDGE	Where was disesse contracted, if not at place of death?
(Informant) Hemilae Rees de	Former or usual residence
19/	19 PLACE OF BURIAL OR REMOVAL
(Address)	Hoodwell Md. pull 19 3
15 Filed July 20 1980 EEWolf	207 UNDERTAKER ADDRESS
Registras	Trank & allowing Cultury
If more blanks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,");

tetanus) may be stated under the head of "contributory." unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi-Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature of the " "Convulsions,

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward a hospital or institu-tion, give its NAME in stead of street and number.) certifi proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED hould be it may be on back WIDOWED. OR DIVORCED Write the word) (Month) .....(Day) I HEREBY CERTIFY, That I attended the deceased from nstructions that ш (Month) (Day) 80 7 AGE If LESS than and that death occurred on the date stated above, at .. supplied I day hrs. The CAUSE OF DEATH \* was as follows: terms ds. or min.? OCCUPATION (a) Trade, profession or particular kind of work pia (b) General nature of industry business, or establishment in ...(Duration) which employed or (employer) impo Contributory 9 BIRTHPLACE Secondary (State or country) ⋖ DO 1D NAME OF 3 F 0 BIRTHPLACE (Address) 0 m -E S Z OF FATHER \*State the I is use Causing Death, (State or country) 20 Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. TOF 12 MAIDEN NAME 00 OF MOTHER 18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place S. In the OF MOTHER of death vrs. mos. ds. (State or Country) 0 Where was disesse contracted, if not at place of doa h? .... Former or usual residence Every it CIANS stateme 20 UN If more blanks are needed, address Ltate Kegistrar, 16 Balto., Requesting V. S.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coul mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physiciam, Compositor, Architect, Locomotive ongineer, Civil engineer, Stationary fireman, etc. But in many whatever, write Nonc. business, that fact may be indicated thus; Farmer (feor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g ged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestle lirst line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation mill; (a) Salesman. (6) Grocery;

Statement of Cause of Death—Name, first, the DISAL EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the tclanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Meusles; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic valvular heart discase; nephrilis, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

8. No. 1

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PLACE OF DEATH	12391 STATE OF MARYLAND
County & a chipter	CERTIFICATE OF DEATH
41 Ph	(129) Registration Dist. No. 117
Village or City 7 ULL (No	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME John 4 Lang	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED Surgle OR DIVORCED	16 DATE OF DEATH Och 2-3, 1930
DATE OF BIRTH	(Month) (Day) (Year)
June 15 , 1853	July 1920 to Oct 23 ,1980
(Month) (Day) (Year)	that I last saw h m alive on Oct 23 1930,
AGE [If LESS than	and that death occurred on the date stated above, at 10 Pm.,
13 yrs. of mos. de. or min.?	The CAUSE OF DEATH * was as follows:
occupation (a) Trade, profession or farm particular kind of work	Chronic-nyhita
(b) General nature of industry  business, or establishment in which employed or (employer)	(Duration) / yre mos de,
BIRTHPLACE (Ntate or country)	Contributory Secondary
10 NAME OF	(Signed) A Q S(ALL) M. D.
FATHER MS Long	(Signed) M. D.  Oct 2 4 1980 (Address) Chamboulle ml
OF FATHER  (State or country)	*State the Usease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER AND	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
my. I raule Hill	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
· (Address) Here ( Gt. hid.	Trempason Em. Combilige Oct, 1930
	ADDRESS

If more banks are needed, addre. s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registra

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise are laborer, Laborer, Laborer, Coal mine, etc. Women at home, who are engaged in the duties of the fulness of various pursuits can be known. The ques-Spinner, cupation is very important, so that the relative healthwhatever, write None. tired 6- yrs). business, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g: ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Physician, report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; mun, (b) Automobile factory. The material Compositor, Architect, Locomotive engineer, For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEALL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Brouchopneumonia ("Pneumonia,")

tclanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.:haustion," "Heart failure," "IIaemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease (Recommendations on statement of cause of death carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all "E:haustion," "Heart failure," "Iaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopncumonia (secondary), (secondary use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi interstitial nephritis, FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) Chronic valvular heart disease; and consequences (e. g., sepsis, affection need not be etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V

V. S. No. 1

sr- act		PLACE OF DEATH						
d. Exact		County Dorchester						
EXACTLY, iy classified ficate.	Village or City Galestown (No							
stated proper of certi	-	PERSONAL AND STATISTICAL PARTICULARS						
be ck	3 S	emale	4 COLOR Whit		5 SINGLE, MARRIEI WIDOWE OR DIVO (Write the	RCED	.dowed	
should it may son ba	6 [	ATE OF BIR	гн					
hat it			*************	Jan (Month)	) (Da	4 xy)	, 1003 (Year)	
supplied. ACE s in terms so that i	7 4	7 AGE   If LESS than   I day hrs.   ds. or min.?						
əfuily n plal tant.	(a) Trade, profession or Household duties particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)							
hould be care OF DEATH I Is very import		(State or cou		Va.	thern			
0) 111	RENTS	OF FATHI (State or	ACE ER country)	Va.				
Total	PARI	12 MAIDEN OF MOTH		Unkno	own	1.		
Information state CAUS occient		OF MOTH (State or	ER	Unkr				
s should nent of O	14	(Informant) At ley A. Lankford						
CIANS Stateme								
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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	St:	Ward)	n hospital	occurred in or institu- ts NAME ir- street and
MEDICAL	CERTIF	ICATE O	F DEATH	
16 DATE OF DEATH				
70 000 000 000 000 000 000 000 000 000	Fab	23	1930	192
***************************************	(Mo	nth)	(Day)	(Year)
The HEREBY CE	RTIFY, T	hat I atte	nded the de	ceased from
that I last saw hama	live on			192
and that death occurred	on the da	te stated	above, at	m,
The CAUSE OF DEATH	was as to	ollows:		
d4.	Grapo		7	
Foloreral by	Lon	far 1	neuma	rua
followed by		****************		
	· Gri	p	44 8 8 9 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
Secondary (Signed)	Isler	,		M. D.
192 (4	Address)	Denfo	ed h	il
*State the Diseas Violent Causes, state Accidental, Suicidal or I	se Causing (1) Meas Iomicidal.	Death, ns of Inj	or, in dea	ths from Whether
18 LENGTH OF RESID		r Hospit	als, Institut	lons, Trans-
lents or Recent Reside	ents)			
At place of deathyrsmos	ds.	In the State	yrs	mosds.
Where was disease contracte if not at place of dea.h?	ed,	3 www.noroso		**************
Former or usual residence			50.0000 no 44.40 o 000 o 000 o 000 o	******************************
19 PLACE OF BURIAL O	RREMOV	AL	DATE OF	BURIAL
Sharptown			Feb 24	1930_
20 UNDERTAKER			ADDRESS	
W.D.Gravenor	& Bro		Sharpto	own.
16 W. Saratoga St., Balt				

If more branks are needed, address State Registrar,

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by telanus) may be stated under the head of "contributory." American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, caroolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL peritonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (sccondary) use of "Tumor" for malignant neoplasms); Chronic interstitial nephritis, Whooping cough; (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as Committee on Chronic ," "Coma," "Convulsions, affection need not be etc. The contributory valvular heart Nomenclature of the Measles; disease;

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V S No. 1

PLACE OF DEATH County Drochestes	6395 STATE OF MARYLAND CERTIFICATE OF DEATH
THE PORPORATE LLING	Registration Dist. No. //6
Village or City Carulindye (No	St: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH    Aug.   9   1930
6 DATE OF BIRTH  Cug 9, 1927  (Month) (Day) (Year)  7 AGE	I HEREBY CERTIFY, That I attended the deceased from  Jan. 17 1920. to Jan. 19 ., 1920,  that I last saw h alive on Jan. 19 ., 1920,  and that death occurred on the date stated above, at 6 m.
2 yrs. 5 mos. 10 ds. or min.?  B OCCUPATION (a) Trade, profession or particular kind of work	The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration) yrs. mos. 4 ds.  Contributory Lunet  Secondary  (Duration) yrs. mos. 2 ds.
10 NAME OF FATHER ESTRANK Mules Lankford	(Signed) ERWHY M. D. Jan 19 1920 (Address) Cambridge live
C (State or country) Md	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  THE MAIDEN NAME  14 DE MAIDEN NAME  15 DE MOTHER  THE MAIDEN NAME  OF MOTHER  THE MAIDEN NAME  THE MAIDEN NAME  THE MAIDEN NAME  OF MOTHER  THE MAIDEN NAME  THE MAIDE	IS LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents)  At place of deathyrsmosds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Andre Laukford	Where was disease contracted, if not at place of dea h?  Former or usual residence
(Informant) XMUS FUNCTION (Address) Arrivo, Mrs. R. F. D	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Steel's Hock larger grand Jam 21, 1930
Filed Gran, 19 1920 Shortf Registras	Howard Willoughty & Son Huslock, ned
If more blanks are needed, addre.s Ltate Kegistrai	r, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

the first line will be sufficient, e.g.. Parmer or Planter, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many definite salary), may be entered as Housewife, Houseer," etc., without more process of the laborer, Parm laborer, Laborer—Coal mine, etc. Womlaborer, Parm laborer, Laborer—Laborer — Coal mine, etc. Womlaborer, Parm laborer, Laborer — Coal mine, etc. Womlaborer — Coal mine, etc. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.sc. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

American Medical Association.) unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "IIaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcusles; ..... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all Whooping cough; approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as accidental, suicidal or homicidal, or as probably such, if impossible to determine definitely. State cause for which surgical operation was underas fracture of skull, and consequences (e.g., sepsis, taken. For violent deaths state means of injunt (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The valvular heart disease; contributory not be

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ation should be carefully supplied. ACE should be stated EXACTLY, PAUSE OF DEATH in plain terms so that it may be properly classified. PERMANENT BINDING FOR UNFADING INK--THIS IS MARGIN RESERVED Every Item of information CIANS should statement of OCCU.

S. No. 1

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PLACE			
County	rel	rest	ter

12392

#### STATE OF MARYLAND CERTIFICATE OF DEATH

The manage of the state of the	Registration Dist, No. 116
Village or City Walten dge (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2 FULL NAME tryant dants	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED  White the word	16 DATE OF DEATH Oct. 2, 199
Mah (Write the word)	(Month) (Day) (Year)
Det 2 193	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192,
(Month) (Day) (Year)	that I last saw h mail alive on her , 192,
Still yrs. Irm. mos. ds.   If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	Still- Im (abouted) can company
which employed or (employer)	(Durstion)yrs,mosds.
9 BIRTHPLACE (State or country) Ind.	Contributory Secondary  (Duration)
FATHER Thos. Oakley Lant	(Signed) ERWolff M. D. Och 2 1920 (Address) Country, my
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Eunice Matilda Thomas	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Ins Thrs. a. Lang	Former or usual residence
(Address) Cambridge, had	lauhidgy had Och 3, 192
15 Filed Oct. 2 1931 ESWORF	20 UNDERTAKER ADDRESS Coushilps hed

Registrar

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Look to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The material engineer, Stotionary fireman, etc. But in many or At Home, and children, For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, Locomolive engineer, For persons who have no occupation (a) the kind of work and also (b) the mill; (a) Salesman. not gainfully em-(b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept the term for the same disease. Examples: Cerebros and fever (the only definite synonym is "Epidemic cerebros spinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

answered in detail, it will prevent further correspondence. All the

permanently filed

(Claims) may be stated under the head of "contributory." approved (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of diseases resulting from childbirth or miscarriage as "PUERPERAL septieucmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Corcinomo, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely "Exhaustion," "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State eause for which surgical operation was undercan be ascertained as the cause. Whooping cough; Examples: Accidental drowning; Struck by railway train-If this certificate is looked over thoroughly and all questions Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY by ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Committee on Nomenclature Chronic valvular heart disease; nephrilis, etc. The contributory Always qualify all

× !s.	PLACE OF			04233	STATE OF M	MARYLAND
O I	County Co	rchester		(87)	CERTIFICATE	OF DEATH
\ \ \	£ 7				Registration I	Dist. No.
ORD	Village or City  2FULL N  PERSONAL	cretary (No.	ne	m. Sar	St: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
T	PERSONAL	AND STATISTICAL PARTICL	JLARS	MEDICA	AL CERTIFICATE C	of DEATH
INDING ERMANENT		COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWEO, OR DIVORCEO (Write the word	namuck	6 DATE OF DEATH	(Month)	-8 , 1930 (Day) (Year)
PERM PERM CE shoul	E C 6 DATE OF BIRTH	2 - /o (Month) (Day)	1855	I HEREBY	CERTIFY, That I atte	28 , 1925.,
EVED FOR	7 Age	yrs. 2 mos. 18 d.		nd that death occurs	red on the date stated H * was as follows:	Shore )
MARGIN RESERV UNFADING INK	(a) Trade, profess particular kind of (b) General nature business, or establic which employed or (State or country)	of industry		Contributory Secondary	(Duration)	yrs. mos ds.
MAI WITH UN	10 NAME OF FATHER  11 BIRTHPLAGE OF FATHER  12 MAIOEN NAM OF MOTHER			*State the Divident Causes, sta Accidental, Suicidal of	IDENCE (For Hospit	or, in deaths from
of Infor	13 BIRTHPLACE OF MOTHER (State or Coun	UE TO THE BEST OF MY KNOWL	V.	t place f death	osds. In the State	yrs
WR Sery Item	(Address)	Secretary	Q F	PLACE OF BURIAL	OR REMOVAL	DATE OF BURIAL 4-30, 1930
BEv	Filed - A	5 1930 mo N.F.	Registrar	O UNDERTAKER	eloughy	E. M. Wet
> 2	If	more bianks are needed, address	State Registrar, 1	6 W. Saratoga St., E	saito., Kequesting . S	. 110. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. gaged in domestic service for wages, as Servant, Cook, ployed. as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Muhager," "Dealnature of the business or industry, and therefore an Statement of Occupation-Precise statement of ocwhatever, write None. busines, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, household only (not paid Housekeepers who receive a Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted te: n for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved diseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ethaustion," "Heart failure," "Haemorrhage," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, Whooping cough; Chronic Chronic interstitud nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: A ceidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi 'name origin; "Cancer" is less definite; avoid by Committee on Nomenclature or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory

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cupation is very important, so that the relative healthsary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATE Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation -Coal mine, etc. Wom-(b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup". Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(Recommendations on statement of cause of death inges, perilonacum, etc., Carimoma, Sarcoma, etc., of ...... (name origin; "Caneer" is less definite; avoid approved by ". Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles Whooping cough; Thronic Edivular heart disease unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n:ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perdonitis," etc. can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) (secondary or intercurrent) affection need as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic value. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

y 7 193

82 STATE OF MARYLAND CERTIFICATE OF DEATH stated EXACTLY properly classified of certificate. 188-c Registration Dist, No. (If death occurred In Ward) a hospital or institution, give its NAME in . of street and stead PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH J a 4 COLOR OR RACE 3 SEX MARRIED, pe pe may be n back WIDOWED OR DIVORCED (Write the word) (Month) 1 HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH .192 ...., 192 ...., structions that ш that I last saw h alive on ...... (Day) (Year) IIf LESS than and that death occurred on the date stated above, at ..... 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows: ppiled. RESERVED ds. or min.? B OCCUPATION (a) Trade, profession or particular kind of work refully O (b) General nature of industry d business, or establishment in 2 which employed or (employer) be car Contributory impo MARGIN 9 BIRTHPLACE Secondary (State or country) Should E CF DI 10 NAME OF (Signed) FATHER 193 (Address) 11 BIRTHPLACE S deaths from \*State the Disease Causing Death, or, in FNU O Z Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. on (State or country) CAU 0: 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER 4 ients or Recent Residents) 13 BIRTHPLACE In the At place Sco OF MOTHER ב of death \_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. (State or Country) 00 Where was disease contracted, it not at place of dea h?..... of BEST OF MY KNOWLEDG shot Every Item CIANS sho Former or usual res.dence PDRES 20 UNDERTAK If more b.anks are needed, addre.s Ltate Negistrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Househeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more known. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; nature of the business or industry, and therefore an Civil engincer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emreport specifically the occupations of persons enfirst line will be sufficient, e.g., Farmer or Planler, sicisn, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, st\_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. diseases can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Chronic etc. The contributory valvular heart disease; of the

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		CORD	piled. ACE should be stated EXACTLY, FHYSI rms so that it may be properly classifled. Exac Instructions on back of certificate.
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	ED FOR BINDING	THIS IS PERMANENT	E should at it may as on bac
	FOR	IS	. ACI
	ED	LHIS	piled rms

1.	
- 1	PLACE OF DEATH
	Dorchester
Coun	ty

14927

STATE OF MARYLAND CERTIFICATE OF DEATH

(182)

Registration Dist. No.

ompt	St.: Ward	(If death occurred in a hospitel or institu- tion, give its NAME in- steed of street end number.)
5	MEDICAL CERTIFICATE	OF DEATH
	16 DATE OF DEATH Dec. 24	a- , 197VI
ried	(Month)	
	17 I HEREBY CERTIFY, That I at	tended the decessed from
874	192 to	, 192,
(Year)	that I lest sew halive on	, 192,
SS than	and thet death occurred on the dete state	d above, atm,
hrs.	The CAUSE OF DEATH * wes es follows:	
min.?	by assidental of	rommeny
	,0	4
	Inquest wain	
	The state of the s	
7.0	(Durstion)	yrsds,
	Contributory	
	Signed Vinlon Costster	Algue md
	*State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	njury and (2) Whether
	1B LENGTH OF RESIDENCE (For Hospients or Recent Residents)	itais, Institutions, Trans-
	V. 2021	e iteyrsmosds.
	Where was disease contracted, if not at place of death?	20000000000000000000000000000000000000
	Former or usuel residence	
	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	Hurlock, Md.	12/27, 1930_
ken	20 UNDERTAKER	ADDRESS
trar	W. H. Hollis & Son	Description

Village or City Beach Haven John Kos LeC **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED.
OR DIVORCED MAI
(Write the word) Male White 6 DATE OF BIRTH Mar 24 (Month) (Day) IIILE 7 AGE 1 day 56 yrs. 9 ds. or OCCUPATION (a) Trade, profession or Retired Farmer (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER T. J. LeCompte 11 BIRTHPLACE PARENTS OF FATHER Maryland (State or country) 12 MAIDEN NAME Sarah Mills OF MOTHER 13 BIRTHPLACE OF MOTHER Mar yland (State or Country) TRUE TO THE BEST OF MY KNOWLEDGE L. Douglas Fooks (Informant) Preston, Md. (Address)

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeeper's who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write None. Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic etc. The contributory valvular heart disease; Nomenclature need not

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N. B.-Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should statement of OCCU TION is very important. See instructions on back of certificate. ORD PERMANENT WITH UNFADING INK--THIS IS V S No. 1

BINDING

MARGIN RESERVED FOR

PLACE OF DEATH County	04232 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City (No	St.: Ward)  St.: Stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Capile 27, 193.6
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Africa 2 1920 to Office 27 1930, that I last saw ham alive on Office 27, 193.0,
7 AGE   If LESS than   day hrs.   ds.   or min.?	
B OCCUPATION (a) Trade, profession or particular kind of work	Syperterme Cardis
(State or country)	Contributory College (Duration) 3 yrs. mos ds.
10 NAME OF FATHER David 16. Le Compt	(Signed) John M. D.  Chie W & O (Address) Cambridge May
OF FATHER Z (State or country)  Way	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  (State or Country)	IS LENGTH OF RESIDENCE (For liospitals, Institutions, Transients or Recent Residents)  At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) The Standard	Former or usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL  Church Chesse Company 29, 19 1
15 File april 29 1930 & 2 Wolff Régistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. I.

(Approved by U. S. Census and American Fublic Health Association.)

en at home, whatever, write None. state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefere an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective el fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the or At Home, and children, not gainfully em-For many occupations a single word or term en yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (6) Grocery,

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N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCC TION is very important. See instructions on back of certificate. CORD PERMANENT BINDING MARGIN RESERVED FOR , WITH UNFADING INK-THIS IS 'n V. S. No. 1

PLACE OF DEATH	13746 STATE OF MARYLAND
County Corchester	CERTIFICATE OF DEATH
WITHIN GORPORATE LIMITED	Registration Dist. No. //6
Village or City ambudy (No. Case  2FULL NAME Infant Je Cong	(If denth occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Jungle OR DIVORCED (Write the word)	16 DATE OF DEATH 25, 192.0 (Month) (Day) (Year)
6 DATE OF BIRTH  11 25 , 15 30 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920. to 25, 1930, that I last saw half on 24 at all 192
7 AGE 2 16 LESS than 1 day	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	<i>y</i> .
which employed or (employer)	Contributory Secondary  (Durstion)  yrs
10 NAME OF FATHER Harland Jecompte  11 BIRTHPLACE OF FATHER (State or country)  W (State or country)	(Signed) M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Mary Wilson  13 BIRTHPLACE OF MOTHER (State or Country)  14 OF MATHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	if not at place of death?
(Address) ESWeeff	Heren Jann Campidge DEC. 1, 1930 29 UNDERTAKER ADDRESS
Registrar  If more bianks are needed, address State Registrar	7.) Fr Corenfle Casuloidge, Mrs., 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., WILLIUM Laborer, Laborer—Coal mun, laborer, Farm laborer, Laborer—Coal mun, at home, who are engaged in the duties of the fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Stationary fireman, etc. But in many (a) the kind of work and also (b) the If the occupation has been changed Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic affection etc. The contributory valvular heart Nomenclature of the need disease; not be

If this certificate is looked over thoroughly and a'l questions snawered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

9

S. No. 1

N. B.

PHYSI-

PLACE OF DEATH  County Dorchestes	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Sambridge (No. 4/2 W.)  2FULL NAME Suffort X	Registration Dist. No.  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 . to
7 AGE    If LESS than   I day firs.   or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER	(Duration)  (Contributory Secondary  (Duration)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Addr
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Osul H La Corufta  (Address) 4 12 Mallie Us	Where was disease contracted, if not at place of death?  Former or usual residence
Filed Nov. 14 19830 Shudff Registrar	20 UNDERTAKER ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealgaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housenaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a single word or term on Form laborer, Laborerwithout more precise specification as Doy For persons who have no occupation (a) the kind of work and also (b) the -Coul minc, etc. Womnot gainfully em-6 Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," 10 ds. approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Exhaustion, Whooping lelanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic valuulor etc. The contributory Nomenclature heart disease; "Dropsy, death

V 8. No. 1

HYSI-Exact

	PLACE OF DEATH	STATE OF M	ARYLAND
the state of the s	County Dollester	CERTIFICATE	OF DEATH
	, · ne	Registration D	ist. No. //3
	Village or City Madround.	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in
	2FULL NAME Infaut	Le	stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)	
	6 DATE OF BIRTH  200 5 , 1930	17 I HEREBY CERTIFY, That I atter	, 192
	7 AGE (Month) (Day) (Year)  17 If LESS than 1 day 3 hrs.  yrs. mos. ds. or min.?	and that death occurred on the date stated at The CAUSE OF DEATH * was as follows:	
	8 OCCUPATION (a) Trade, profession or particular kind of work	Premature bis	th
	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)	.yısds.
	9 BIRTHPLACE (State or country)	Secondary	
	10 NAME OF FRANCES Kane	(Signed) P. Meld	Local Ro
	OF FATHER  (State or country)	*State the I is ase Causing Douth, Violent Causes, state (1) Means of Inju Accidental, Sulcidal or Homicidal.	or, in deaths from ary and (2) Whether
	12 MAIDEN NAME OF MOTHER LATTE LEE	18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	ls, Institutions, Trans
	OF MOTHER (State of Country)	Where was disease contracted.	yrsmosds
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of doa.h?	
	(Informant) muly Raure	usual residence	DATE OF BURIAL
	(Address) Madison Md	Madison	June 5, 1930
	Filed 192 R. Nells	Surlando .	Madison
	If more blanks are needed, addre. a Ltate Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S.	No. 1.

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# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH g ged in domestic service for wages, as Servant, Coak, Spinner, should be used only when necded. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, the first line will be sufficient, e.g., Farmer or Planter, Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on gra). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (6) The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature carbolic acid-probably swieide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stited unless important. inges, peritonaeum, etc., Carcinoma, Sareoma, etc., of ........ (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of iclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State NEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not pestited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mcre symptoms or terminal condi-Chronic etc. The contributory valvular heart disease;

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. //6

(If death occurred in a hospital or institu-St.: Ward) tion, give its NAME in-

stead of street and number.)

.....(Day) I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at 4,45%. \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the

DATE OF BURIAL

Cambridge

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the laborer, Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrospinal fever (the only definite synonym is 'Epidemic cerebrospinal meningitis''); Diphtheria (avoid use of 'Croup''); Typhoid fever (never report 'Typhoid Pneumonia'); Lobar pneumonia, Bronchopneumonia (''Pneumonia,'')

approved by Committee on "(Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condiuse of "Tumor" for malignant neoplasins); Measles; American Medical Association.) or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercausing death), 29 ds.; Bronchopncumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular Nomenclature heart disease;

PLACE OF DEATH	STATE OF MARYLAND
County Dorchester	CERTIFICATE OF DEATH
LIENIN CORPORATE LIMITS ST - 2	Registration Dist. No.
Village of City	Heading St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, Vidor OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 192 9. to 77 7 1928 3
(Month) (Day) (Yo	that I last saw h alive on 1925.4
7 AGE IIFLESS	
About 62 yrs. mos. ds. or	hrs. The CAUSE OF DEATH * was as follows:
B OCCUPATION  (a) I rade, profession or particular kind of work  (b) General nature of industry	
business, or establishment in	(Durstiop) yıs. mos da.
which employed or (employer)  9 BIRTHPLACE (State or country)  Mansland	Contributory Secondary  (Duration)  (Duration)  (Duration)  (Duration)
10 NAME OF Cuthbut Mowbray	(Signed) M. D.  N - N 7 1930 (Address)
STATER (State or country) Maryland	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Alick A. Kirby	15 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Mary Cand	At place of death yrs
14 THE ABOVE IS TRUE TO THE EST OF MY KNOWLEDGE	it not at place of dea h?  Former or  usual residence
(Informant) Mrs. Ollie Glover (Address) Cambridge Mid	19 PLACE OF BURIAL OR REMOVAL PLATE OF BURIAL Cambridge and Feb. 27, 1980
15 Filed 727 193 PHMALLER Registr	
If more banks are needed, address tate se	gistrar, 16 W. Saratoga St., Balto., Lequesting V. S. 100. 1.

(Approved by U. S. Census and American Fublic Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Foreman, (b) Automobile factory. The material engineer, Stationary fireman, etc. But in many or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (a) the kind of work and also (b) the (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia");

> American Medical Association.) tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all " Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol (secondar/ Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as "" "Weakness," etc., when a definite disease or intercurrent) affection need Chronic Example: Measles (disease etc. The contributory valvular heart Nomenclature disease;

STATE OF MARYLAND CERTIFICATE OF DEATH stated EXACTLY, F properly classified. of certificate. Registration Dist. No. (If death occurred in Village or City Ward) a hospital or institution, give Its NAME I. stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. pe pe may be WIDOWED OR DIVORCED pino Write the word) (Month) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH ACE sthat struction (Year) (Month) (Day) IIf LESS than 7 AGE and that death occurred on the date stated above, I day hrs. The CAUSE OF DEATH \* was as follows: supplied rms min.? ï B OCCUPATION te RESERV 99 (a) Trade, profession or particular kind of work (1) Sarefully H in piali (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN impa BIRTHPLACE Secondary (State or country) DA (Duration) BB OO 10 NAME OF E CF FATHER 11 BIRTHPLAC RENTS listase Causing Death, or, in SZ Violent Causes, state (1) Means of Injury and (2) Whether on (State or country) 20 Accidental, Suicidal er Homicidal. CAI 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER 4 ients or Recent Residents) 1 infor 13 BIRTHPLACE In the At place OF MOTHER of death State.....yrs.....mos... ŏ (State or Country) 00 Where was disease contracted, it not at place of dea h?.. shoul Every item CIANS sho statement Former or usual residence (Informant DATE OF BURIAL DDREAS If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory affection need not be valvular heart disease;

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U	tion should be carefully supplied. ACE should be stated EAUSE OF DEATH in plain terms so that it may be properly
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	CE OF DEATH Dorchester		14929	STATE OF CERTIFICATI Registration	E OF DEATH
19-19	City Cambridge	(No. Eastern Shoram L. Lewis	re State Hospita	St: Ward	(If death occurred in a hospitel or Institution, give its NAME in stead of street and number.)
PERS	SONAL AND STATIST	ICAL PARTICULARS	MEDICA	L CERTIFICATE	OF DEATH
3 SEX	4 COLOR OR RACE	MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH	December 1	8, 19230
Male 6 DATE OF		y 28, , , B75 (Year)	November 2,	CERTIFY, That I at	tended the decessed from tember 18, 1920.
7 AGE 8 OCCUPAT		mos. 21 ds. or min.?	The CAUSE OF DEATH		d above, at 4:55 Pom.
particular (b) General business,	kind of work	<u> </u>		(Durstion) 4	
BIRTHPLA			Contributory	(Durstina)	ута тов de
10 NAM FATH	E OF	B. Lewis	(Signed)	les Lop	ierre M.D.
OF F	ATHER te or country) Mary land		1		, or, in deaths from njury and (2) Whether
OF M	OTHER	h Marie Bird	At place of deathyrsmos	dents) 0V · 2, 1927 <sub>n the</sub> sds.	teyrsmosds.
14 THE ABO	VE IS TRUE TO THE BES		Where wes disease control if not at place of death? Former or usuel residence Crist	Dowelsen	
	Address) Cambrid e,		19 PLACE OF BURIAL Creskee		DATE OF BURIAL
15/(	0119.20	SSINEM	20 UNDERTAKER		ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return" Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Foreman, O. For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. (b) Cotton mill; (a) Salesman, (b) At Home, and children, without more precise specification as Day 6 Automobile factory. The not gainfully emmateria Grocery, Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death American Medical Association.) approved tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, Examples: Accidental drowning; Struck by railway train-"Exhaustion, causing death), 29 ds.; Bronchopneumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by cough; ,,, Committee on "Heart failure," "Haemorrhage, Chronic valvular heart disease; "Senile," etc.), "Dropsy, etc. The contributory Nomenclature Always qualify all

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specimenal laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestho first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Locomotive engineer, reer, Stationary fireman, etc. But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated units important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, prilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by redway train—accident; Revolver wound of head—homicide; Poiss ed by carbolic acid—probably suicide. The nature of the injury, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL politonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (secondary approved (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid by Committee on 10 intercurrent) affection need Chronic etc. The contributory valvular heart disease; Nomenclature of the not be

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County	D	oro	chester

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 112.

Vi	illage or City Vienna, 2FULL NAME ( 5	R.D. (No	St.: Ward)	(if death occurred in a hospital or institu- tion, give its NAME is stead of street and number.)
	PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE O	OF DEATH
3	Male White	5 SINGLE, MARRIED, Single. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 19th.	,1930., <sub>192</sub>
March 19th., 1930., 1			(Month) (Day) (Year) (Year) (Month) (Day) (Year) (Y	
	O yrs. O	mos. O ds.   If LESS than   1 day hrs.   or min.?		
5	(b) General nature of industry business, or establishment in which employed or (employer)	RYLAND	Contributory Secondary	yrsds.
	10 NAME OF FATHER RUSSELL I		(Signed Tolward Compron)	yrs. nyo ds.
ENTS	OF FATHER (State or country)	ARYLAND	*State the Disease Causing Death, c, in deaths Violent Causes, state (1) Means of injury and (2) Wh Accidental Suicidal or Homicidal.	
T 12	of Mother Alma Marie Richardson.		18 LENGTH OF RESIDENCE (For Hospit	ais, institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or country)	ARYLAND	At place of death	
14	THE ABOVE IS TRUE TO THE BES (Informant) Alma Marie		if not at place of deals?  Former or usual residence	
-	(Address) Vienna,		Buried with debris of operation.	AR 19" 1930
15	AFRed 1911 1930 192 Dep	Lantin ty Local Registras	Buried by Father.	Vienna, Md.

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e.g., Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housenwid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs. For persons who have no occupation without more precise specification as Doy Stationary firemon, etc. But in many

Statement of Cause of Death—Name, first, the DISEALL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

tetonus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Sewile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of American Medical Association.) approved (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by roilway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Whooping cough; Chronic Chronic interstitual nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature valvulor heart disease; affection need etc. The contributory not be

ciassified. EXACTLY, properly be stated PERMANENT BINDING on back should that it may FOR supplied. RESERVED important. WITH UNFADING MARGIN SE OF DEATH inform CIANS should statement of C

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PLACE OF DEATH County Dachesler	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 110
Village or City Amehille (Non	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME In- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale Cerest Single, Married, Mujowed, OR DIVORCED (Write the word)	16 DATE OF DEATH OC 2 3 , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH  DRC 14, 1927	that I last saw h alive on 192 192 192 192 192 192 192 192 192 192
(Month) (Day) (Year)  7 AGE    Syrs.   Smos.   de. or min.?	and that death occurred on the date stated above, at
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Child dest of Brondsofred motors of de.  Contributory Secondary
(State or country)  10 NAME OF FATHER  ST. II BIRTHPLACE OF FATHER (State nr country)  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME	(Signed) M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Pulle Prender  13 BIRTHPLACE OF MOTHER (State or Country)	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds. State yrs ds.  Where was disease contracted,
(Informant) John Zelles (Address) Phodis dale mol	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Huch Welle Ind  Oct 24, 1930
Filed Oct 23' 1920 Tr L Hastings	20 UNDERTAKER ADDRESS ADDRESS

If more bianks are needed, address State Registrat, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not guinfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, Stolionory fireman, etc. But in many Physician, cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scruut, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeeper's who receive a Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Loborer-(b) Cotton mill; (a) Salcsman. without more precise specification as Day Compositor, Architect, Locomotive (b) Automobile factory. The material For persons who have no occupation -Coal ming etc. Wom-(6) The quesengineer, Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Mcasles (disease unqualified, is indefinite); Tuberculosis of lunge, men-"Uruemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart tauure, "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Meosles; inges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septimonia," "PUERPERAL peritonitis," etc. "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcarbolic acid-probably suicide. The n.ture of the injury, actident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underean be ascertained American Medical Association.) approved by Recommendations on statement of cause of danus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY g cough; (thronic valvular heart disease; interstitial nephritis, etc. The contributory ("Congenital," "Senile," etc.), "Dropsy," on," "Heart failure," "Haemorrhage," or intercurrent) Committee as the cause. Always qualify al On affection need not be Nomenclature

If this certificate is looked over thoroughly and all questions appeared in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. / 1 D stated EXACTLY, properly classifled. ........ Ward) If death occurred in a hospital or institulion, give its NAME instend of street and .. amber.) properi stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE. may be in back of pe MARIJED, WIDOWED (Month) should OR HIVORCED (Wrife the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that I last saw h \_\_\_ alive on \_\_\_\_ that Instruction C (Month) 0 7 AGE If LESS than 00) pplled The CAUSE OF DEATH & was as follows: I day ... . hrs. terms .....yrs......mos......ds..or.... min. ? Su OCCUPATION lain t (a) Trade, profession or arefully particular kind of work ... (b) General nature of industry d business, or establishment in ....(Duration) ......yrs......mos..... Ľ which employed or (employer)..... 9 BIRTHPLACE Secondary (State or country) 0 4 P W ery 0 10 NAME OF FATHER shou 0 8 (Address)..... 11 BIRTHILAGE W 2 ENT \*State the Disease Causing Death, or, in deaths from C (0 ) OF FATHER Violent Causes, state (1) Means of Injury: and (2) whether (State or country) 3 Accidental, Suicidal or L'omicidal 04 12 MATDEN NAME A 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) I3 BIRTHPLACE At place In the 5 OF MOTHER of death .... yrs. .... mos..... da. (State or country) 7 Where was disease contracted, E of if not at place of death?.... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Every itom CIANS shot statement c shot Former or usual residence.... (Informant) .. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL W. Saratoga St., Balto., Requesting V. S No. 1. " more blanks are needed, address State Registrar.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At \*chool or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician. Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques cupation is very important, so that the relative health business, that fact may be indicated thus: Farmer (rework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foreman, (b), Automobile factory. The material whatever, write None. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation his been changed to report specifically the occupations Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day of persons en

Eta.cement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as conditions, such as "Asthenia," "Anaemla" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); Meastes; nigos, peritonacium, etc., Carcinoma, Sarcoma, etc., of ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or taken. For VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," ctc., when a definite disease rhage," "Inaultion." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure," "Haemorvnlsions," "Debillty" ("Congenital," "Senile," etc.), symptomatic), "Atrophy," "Collapse," stated unless important. Chronic interstitial acphritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Aecidental drowning; Struck by railway (secondary or intercurrent) affection need not be Whooping cough; Chronie valvular heart disease; ......(name origin; "Cancer" is less definite; avoid (Recommendations on state-Example: Measles (disease "Coma," "Con-(second-(merely

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MOIL	ARENTS	11 BIF OF (S 12 M/ OF
220		13 BH
ment of	14	(Info
tate		
9)	15	Filed

PLACE OF DEATH  County Dorchester  Village or City Cambridge (No. Eastern Sh	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  Ore State Ho spital St.: Ward) (If death occurred in
2FULL NAME MARY AND LITTLETON	a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed	December 20, 1920 (Month) (Day) (Year)
April 26, , 1858 (Month) (Day) (Year	17 I HEREBY CERTIFY, That I attended the deceased from October 2, 1929 to December 20, , 19230,
7 AGE  71 yrs. 7 mos. 15 de. or mir	rs. The CAUSE OF DEATH * was as follows:
particular kind of work Housekeeper  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Maryland	(Duration) yte l race l de.  Contributory Cerebral Arterio-sclerosis Secondary About 2 yrs (Duration) 1 yre mes de.
10 NAME OF FATHER Unknown	(Signed) M.D.  Dec. 20, 19230 (Address) Cambridge, Maryland
OF FATHER (State or country)  Maryland	*State the Disease Causing Desth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Mary Land	At place Since Oct. 2, 1929 In the of death yrs mos ds.
(Informant) E.S.S.Hospital Records  (Address) Cambridge Parvised	Where was disease contracted, if not at place of death? Worgester County, Md.  Former or usual residence Snow Hill, Maryland  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER ADDRESS
Filed (LOV. ) 0 1980 2-2 Wright	- W. J. HEan drowth

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., William laborer, Laborer-laborer, Farm laborer, Laborershould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quesdefinite salary), may be entered as Housewife, House-Spinner, nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of oc-Housemaid, etc. household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. (b) At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed -Coal mine, etc. Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," American Medical Association.) approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condiinterstitial nephritis, etc. The contributory or intercurrent) affection need not be Committee on Nomenclature Example: Measles (disease

STATE OF MARYLAND Registration Dist. No. stated EXACT roperly class certificate. St.:----- Ward) If death occurred in a hospital or instituion, give its NAME instead of street and ...amber.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE | 5 SINGLE. MARKIED, WIDOWED (Month) (Write the word) CERTIFY, That I attended the deceased from It m 6 DATE OF BIRTH [II] no alive on (Month) (Day) (Tear) and that death occurred on the date stated above, at 7 AGE If LESS than The CAUSE OF DEATH & was as follows: supp tern see i 8 OCCUPATION (a) Trade, profession or 5  $\subseteq$ arefully particular kind of work ATH in plain RESERV (b) General nature of industry business, or establishment in (Duration) .....yrs.....mos..... which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) MARGIN · DE 10 NAME OF (Signed) FATHER 100 (Address) ... 世之 11 BIRTHPLACE State the Disease Causing Death, or, in deaths from OF FATHER N Violent Causes, state (1) Means of Injury: and (2) whether (State or country Accidental, Sulcidal or L'omicidal œ 12 MAIDEN NAME 000 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 13 BIRTHPLACE At place In the 0 C OF MOTHER of death .... yrs. .... mos..... da. (State or country) d Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST MY KNOWLEDGE if not at place of death?.... shot usual residence Every it RIAL OR REMOVAL DATE OF BURIAL ADDRESS V. S r more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto.. Requesting

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emgaged in domestic service for wages, as Servant, Cook, additional line is provided for the latter statement; it or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At ochool or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not pald Housekeepers who receive a en at home. who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foremun. (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect. Locomotive engineer. the first line will be sufficient, e. g., Farmer or Plantor tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from Housemuid, etc. If the occupation has been changed whatever, write None. Statement of Occupation - Precise statement of oc-For many occupations a single word or term on without more precise specification as Day As examples: (a)

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"): Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

RECEIVED

conditions, such as "Asthenia," "Anacmla" ary), 10 ds. Never report mere symptoms or terminal use of "Tumor" for malignant neoplasms); Measles; mycs, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," causing death), 29 ds.; Bronchopneumonia stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory ......(name orlgin; "Cancer" is less definite; avoid quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. train-accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under "Puerperal septicuemia," "Puerperal poritonitis," etc. "Uraemia," "Weakness," etc., when a defiuite disease vulsions," Whooping cough; Chronic valvular heart disease; Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." Examples: Accidental drowning; Struck by railway FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Scnile," etc.), (Recommendations on state-Example: Measles (disease "Coma," "Con-(second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	07977 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Church (Ndorech) 2FULL NAME Charles Ken	St.: Ward)  (If death occurred in a hospital or institution, give its NAME isstead of a street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MULLER WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH July 1930 (Year) (Year)
6 DATE OF BIRTH  Opul 17, 1865  (Month) (Day), 1865	THEREBY CERTIFY, That I attended the deceased from February La 1920 to May 10, 1920, that I last saw how alive on May 10, 1920,
7 AGE  Wyrs. 3 mos. ds. lf LESS than 1 day hrs. or min.?	
(a) Trade, profession or Lahouer particular kind of work	Interpliebal Naplustis
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Car die Dyffist
9 BIRTHPLACE (State or country) Maryland	Secondary (Quration) mos. ds,
FATHER Level Macer	192 (Address) Christe Corish ILL
OF FATHER (State or country)  12 MAIDEN NAME  OF FATHER (State or country)	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal.
of MOTHER Pulpe Enruale	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country) Maryfares,	At place of death yrs mos de. In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Curis Macu	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File 29 130 EEWooff	20 UNDERTAKER ADDRESS BACK
If more blanks are needed, address tate Kegistra	r, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," carbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitual nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary ..... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be etc. The contributory valvular heart disease;

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Exact B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, P. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. ORD PERMANENT BINDING FOR WITH UNFADING INK--THIS IS MARGIN RESERVED WR V. S. No. 1 ż

DEATH	UDDUZ STATE OF MARYLAND
County Dochester	CERTIFICATE OF DEATH
energy , , ,	Registration Dist. No. 111
Village or City / Yurandalo(No.	St.: Ward)  St.: Ward)  A hospital or institution, give its NAME is stead of street an
2FULL NAME HELEN WAS	stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Lernal Color or RACE SINGLE, MARRIED, Lingle WIDOWED, OR DIVORCED (Write the word)	16 DATE OF OF ATHUS 17 , 19:30 (Month) (Day) (Year)
Morch 1999  (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from
	and that death occurred on the date stated above, at 7 2 m
yrsds. ormin.	
8 OCCUPATION (a) Trade, profession or	Mhoding Cough
particular kind of work	
business, or establishment in which employed or (employer)	(Duration) 3 Jacobs de
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER DAY OF A	(Signed) M. D
on 11 BIRTHPLACE	57 17 1930 (Address) Recelled
OF FATHER (State or country)	*State the Disease Causing Death, or, In death's from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cora Meal	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)  900	ients or Recent Residents)  At place of deathyrsmos,ds, Stateyrsds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) fames macer	Former or usual residence.
(Address) Rhodes dale RXX	Jones thicket my 18. 1980
Filed may 17 19230 Robert I Harlingo Registrar	LB Willer Cl. H. Jak W.
If more himbs are model added a State Parisher	a 16 W Senton St Polito Proposition V S No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physicism, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a Housenuid, etc. If the occupation has been changed to report c," etc., Foreman, or At Home, and children, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day specifically the occupations of (b) Automobile factory. The material For persons who have no occupation not gainfully cm-(6) persons en-Grocery,

Statement of Cause of Death—Name, first, the prince EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia, ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition, (secondar/ or intercurrent) affection need not be Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, interstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY name origin; "Cancer" is less definite; avoid " "Marasmus," "Old Age, " "Shock, Committee on Example: Measles (disease etc. The contributory Nomenclature Always qualify all

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V S No. 1

Village or City Canbell Control	CERTIFICATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  (If d-ath occurred In a hospitul or Institution, give its PAME instead of street and
2FULL NAME Collan 1	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED RE DIVORCED RE DIVORCED REDIVORCED REDI	16 DATE OF DEATH 9 - 4 , 1923 0
CALL (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920 to 1920, that I last saw h alive on 1920,
7 AGE  yrs. 2 ds.   lfLESS than   dayhrs. ormin.?	and that death occurred on the date stated above, at
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	
which employed or (employer)	Contributory Secondary
(State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  (State or country)	(Signed)
12 MAIDEN NAME & CLUMACK  OF MOTHER & CLUMACK  13 BIRTHPLACE	Accidental, Suicidal or Homicidal.  13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrs
(Informant) Ella mack	Former or usual residence
(Address) Canalysis Filed 15 Filed 25 19280 Erwoff Registras	Leuis H Bayer Curberd
If more b.anks are needed, addre.s htate negistrar	, 16 W. Saratoga St., Balto., Lequesting V. S. No. I.

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons enfirst line will be sufficient, e.g., Farmer or Flanter, sician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia")

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E.:haustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; tolanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. Whooping cough; carbolic ecid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., scpsis, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY American Medical Association.) Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as by Committee on Nomenclature Chronic valvular heart disease; etc. The Always qualify all contributory

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No. 1

	CE OF DEATH  Dorchester		07978	STATE OF MARYLAND CERTIFICATE OF DEATH
	an an 180 or 6 or 8 com o o o o o o o o o o o o o o o o o o	a vodo o e ducer e Million	90	Registration Dist. No.
		(No. Eastern Shora Elizabeth Maddox		talst: Ward) (If d-ath occurred in a hospital or institu- tion, give its NAME II stead of street and number.)
PERS	ONAL AND STATIST	ICAL PARTICULARS	MEDIC	CAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE	SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Single	*	July 16, 19230 (Month) (Day) (Year)
6 DATE OF E	Unknown	, 1	June 27,	Y CERTIFY, That I attended the deceased from 19230. to July 16,, 19230.
7 AGE	(Month		and that death occur The CAUSE OF DEA	r_alive onJuly_16,, 19230, rred on the date stated above, at8:45 Pem, TH * was as follows: oral_Arterio=sclerosis
(b) General business, or which emp.  9 BIRTHPLA: (State or 10 NAME FATHE OF FA (State or 12 Mail D)	I nature of industry r establishment in loyed or (employer)  E OF ER  Da  IPLACE ITHER e or eountry)  MA  EN NAME	ryland niel J. Maddox ryland sie Ballard	Contributory Secondary Several Year (Signed)  10177,1927  *Sate the I Violent Causes, s Accidental, Suicidal	(Durstion) yrs mos de  (Chronic Myo-carditis  (S) (Durstion) yrs mos de  (Chronic Myo-carditis  (Durstion) yrs mos de  (Address) Campides manyland  (Address) Campides from the state (1) Means of Injury and (2) Whether or Homicidal.  (SIDENCE (For Hospitals, Institutions, Trans
(State	HPLACE	ryland	Where was disesse con	ine 27 de 1930 n the State yrs mos de ntracted, Somerset County
(Information (A	ddress) Cambridge	EEWolff	Upper Tais 2001 DERTAKER Harry 13	1 1.1.10 0

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, etc., report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Locomolive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopacumonia ("Pneumonia,")

"E.haustion," "Heart Impure,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tclanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, st\_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.--

PLACE OF DEATH County Duches tu	90 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 1/14
2FULL NAME Supara	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4.COLOR OR RACE 5 SINGLE, MARRIED, MUDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH  4.COLOR OR RACE 5 SINGLE, MARRIED, MUDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  , 192  (Month) 9 (Day) 936 (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)  7 AGE    If LESS than   day   hrs.   day   hrs.   day   min.	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)
10 NAME OF FATHER FOR THE STATE OF FATHER OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER CANADAM FAMILY	(Signed).  1920 (Address).  State the Illsease Causing Death, or, In deaths from Violent Causes, stato (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. Statayrsmosds.  Where was disease contracted,
(Informant) Elmu marshall  (Address) Cambudy R 76 4  15 Filed My 1020 Ar A a Stakes  Registrar	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS  Cambra Sup.  16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the husiness or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. g: ged in domestic service for wages, as Screant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomolive engineer, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

EA. 2 CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E::haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train "Atrophy." "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi cough; or intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1		- to
X		Exa
	1	Y, P
	WRINE PLACE, WITH UNFADING INK-THIS IS PERMANENT R ORD	M. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state AUSE OF DEATH in plain terms so that it may be properly elastified. Exact statement of OCCU.
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07	RMA	ould may n ba
B.	PE	st it
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V. S. No.	1	m
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PLACE OF DEATH	6396 STATE OF MARYLAND
County dachistu	@ CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Cylinds well (No	St.: Ward) (If death occurred in a hospitel or institution, give its NAME instead of street and
2FULL NAME Xm 74 may	phrale number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 14 , 193 (Month) (Day) (Year)
6 DATE OF BIRTH  (Conth) (Day) (Year)	that I last saw h w alive on pow (3, 1986.,
7 AGE  46 yrs, 4 mos. 2 1 ds. or min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work	Ocute nephritis: 3 months suration.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 3 mos. ds.  Contributory Octoma of lungs
9 BIRTHPLACE (State or country)	(Duration)ds,
FATHER Hugh In marshull	(Signed) A Cl Stores M. D.
IN 11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER amonda & Chilips	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant)	usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 192 Registrar	20 UNDERTAKER  Willia + Bro Cumindy
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., Foreman, (b) Automobile fuctory. The material Or For many occupations a Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesmon, At Home, and children, without more precise specification as Day single word or term on not gainfully em-(b) Grocery,

business, that rave tired 6 grs). For persons who many tired 6 grs). For persons who many whatever, write Nonc.

Statement of Cause of Death—Name, first, the first.

Statement of Cause of Death—Name, first, the first.

Statement of Cause of Death—Name, first, the first.

Carabros pinal Typhoid fever (never report "Typhoid Pneumonia"); spinal meningitis"); Diphtheria avoid use of "('roup' (the only definite synonym is "Epidemic cerebropncumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on Nomenclature carbolic acid-probably suicide. Then ture of the injury, occident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senilc," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia." "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of Letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, su h as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar · Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, ctc., Carcinoma, Sarcoma, etc., ot unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy" "Collapse," "Coma," "Convulsions, ... name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; or intercurrent) Chronic volvular heart disease; Example: Measles (discase affection need not be etc. The contributory

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S. No. 1

N. B

PLACE OF DEATH	09184 STATE OF MARYLAND
County Over Charles	© CERTIFICATE OF DEATH
A THE CORPORATE LIMITOR	Registration Dist. No. //6
1	dernit Info St.: Ward) (If death occurred in the hospital or institution, give its NAME in
<sup>2</sup> FULL NAME ///	Shall tion, give its NAME in stead of street enconumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jense 4 color or race 5 single, Married, Widowed. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decessed from
Luy. My 1931	192 to, 192
(Month) (Day) (Yesr)	that I lest sow h Valive on Claud, 192
7 AGE Stull Form If LESS than I day hrs.	The state of the s
yrs. mos. ds. or min.	The CAUSE OF DEATH * wes es follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Hydrocephalic Oron in
(b) General nature of industry	0000
business, or establishment in which employed or (employer)	(Durstion)dsds.
9 BIRTHPLACE (State or country)	Contributory
10 NAME OF John Mally Fannet	(Signed). (Duration) yrs. mos. ds.
OF FATHER	1922 (Address) Carelwy M
Z (State or country)	*State the Ills ase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jannya & Dunott	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Wellez Monsbell	Former or usual residence
(Address) mus Wa	Buon hering hund any 8, 19 30
15 Filed ary 27 197 Selection	20 UN DERTAKER ME & Compte Contractor Common Miles
If more blanks are needed, eddress State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise relationer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropay,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory affection need valvular heart Nomenclature of the disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state of OCCUPA-Exact statement JANENT RECOR ACTLY. properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. stated E FITH UNFADING INK-THIS IS A P. AGE should be be plain terms, so that it may mation should be carefully supplied. TION is very important. CAUSE OF DEATH B.—WRITE

V. S. No. 1

N.

infor-

		CTATE	T MAD	/I ANID	CEDILICATE OF DEATH	- 11
	1. PLACE OI		F MAR	rland—	CERTIFICATE OF DEATH 15	) () &
	County	Dorchester			Registration Dist. No. #	קרו
	,	ity James			ND. St.	Ward
				(1	death occurred in a hospital or institution, give its NAME instead of street and	number)
		ME Infant		yrsmos	ds. How long in U.S. if of foreign birth?yrsn	10s ds.
	(a) Residen				St., Ward.	
at their	PERSON	AL AND STATIST	(Usual place o		If nonresident give city or town and	d State
3.	SEX	4. COLOR OR RACE	5. SINGLE, MARR		MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
	M	W	or pivorcep	(swrite the word)	(Month) (Day)	, 193.0 (Year)
5a.	If married, widow HUSBAND of	ed, or divorced			22. I HEREBY CERTIFY That I attended	
	(or) WIFE of				22. I HEREBY CERTIFY, That I attended	
6.	DATE OF BIRTH	month, day, and year)	Dec. 16,	1930	I tast saw h alive on 19	
_	AGE Year		Days	If LESS than	to have occurred on the date stated above, atm,	-, 000111 13 3010
			N	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
z	8. Trade, profes	sion, or particular		,		Date of onset
110		ork done, as SPINNER, BDOKKEEPER, etc.			Occupto - post. pos-	
9. Industry or business in which work was done, as SILK MILL, NONE						
OCCUPATION	1D. Date decease this occup	L, BANK, etc d last worked at pation (month and		ne (years) in this		
12. BIRTHPLACE (city or town) James, (State or country) Md			,		Other Contributory Causes of importance:	-
2	1	131	arshall			
FATHER			la silati			
FA	14. BIRTHPLACE (State or		- Jan-		Name of operation Date of	
ER	15. MAIDEN NAT	ME Ethel R	. Spedde	n	What test confirmed diagnosis? Was there an 23. If death was due to external causes (VIOL ENCE) fill in also the followin	
15. MAIDEN NAME Ethel R. Spedden  16. BIRTHPLACE (city or town)					Accident, suicide, or homicide? Date of injury Where dld Injury occur?	~
17. INFORMANT has R & m ashall (Address)		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	te) ACE,			
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury				
Place James Date be (1 1930			Date bee	1930	Nature of injury	
19. UNDERTAKER Q & LC om pts  (Address) Cambridge mil			mojete	me.	24. Was disease or injury in any way related to occupation of deceased?	
20	20. FILED due 16 1930 \$ Ca, Stolus			us	(Signed) & a & Kokus	
20.	20. FILED ROLL NO. 1/7 DATE 2/21/31 Registrar.			Registrar.	(Address) Commoneur In	ne

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
GIGI			
Other contributory causes of in portance:	331	Other contributory causes of importance:	
Gallstones	May 19	- Gastroenteritis	1 year
BURGE			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CLANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact PERMANENT BINDING MARGIN RESERVED FOR WITH UNFADING INK--THIS IS V. S. No. 1

PLACE OF DEATH

County Dor . Co . Just '	CERT!FICATE OF DEATH
Cz	Registration Dist, No. 110
Village or City V-4 (No. 2FULL NAME Still have	St: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemal Color OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED Jung le (Write the word)	16 DATE OF GEATH 31 , 19250
6 DATE OF BIRTH  May 31, 1935  (Nonth) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 1950. to 192 that I lost saw handlive on 192 192 192 192 192 192 192 192 192 192
Jele Born de Office min?	1/2 30 2
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Durstion) yrs. mos. ds
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  Which employed or (employer)  10 NAME OF FATHER  Which employed or (employer)  MA  Matheway	Contributory Secondary  (Duration)  (Signed M. D
U 11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)  12 MAIDEN NAME OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
(Informant) Show I malheury	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) East h harket Ind	of place of Burial or REMOVAL DATE OF BURIAL Them how will mas 31. 1936
	orange and of

05503

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Screanl, Cook ployed. as At school, or At home. Cure should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Physician, Compositor, Architect, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed to report specifically the occupations of etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material Stationary fireman, etc. But in many For persons who have no occupation Laborer-Coal mine, etc. Wom-Locumotive engineer, As examples: (a) 9 persons en-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicuenta," "PUERPERAL pertlonitis," etc. "Exhaustion," "Heart mure,
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondar: Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonueum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e g., sepsis, carbolic acid-probably suicide. The n ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: A ceidental drowning; Struck by railwoy traintaken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid or intercurrent) Chronic affection valvular heart disease etc. The contributory need not be

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cupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material engineer, Stationary fireman, etc. But in many For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-(6) engineer, Grocery

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphilaria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature "PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably smade. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart

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V. S. No. 1

N. B.

PLACE OF DEATH  County Double Man	05500 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Cambridge MilNo.  2FULL NAME Vinnerd 7.	St.: Ward)  Au Carlu  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WIDOWED (Write the word)	16 DATE OF DEATH May 1 th, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH  April 14, 1930  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920. to 1920., that I last saw how alive on 200 /7 , 1920.
7 AGE    If LESS than   I day hrs. or min. or	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry	Engina Pectoris
business, or establishment in which employed or (employer)	(Duration)mosds.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Durstion)
10 NAME OF FATHER James Me Carlos	(Signed) M. D.  May 19 1980 (Address) Aurilegy mg
OF FATHER  Z  W  12 MAIDEN NAME	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER farsh Durky	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Address) Commission mel	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Nay 19 19230 Elweff	20 UNDERTAKER A Albanch Carnles Md
If more blanks are needed, address State Registrar	, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as wing laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) (Recommendations on statement of cause of death FOR VIOLENT DEATHS State MEANS OF INJURY Chronic etc. The contributory affection need not be valvular heart Nomenclature of the disease;

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6

PLACE OF DEATH

PLACE OF DEATH	05501 STATE OF	MARYLAND
County Ochecter	CERTIFICATE	OF DEATH
	Registration	Dist. No.
Village or City Constitute (No. 251111 NAME	2 St: Ward	tion, give its NAME is stead of street an
2FULL NAME	McColling	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE	OF DEATH
determine A COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH May	(Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I att	
May 6 1958	192 to	<u>C</u> , 192
(Month) (Day) (Year)	that I last saw halive on	
7 AGE [If LESS than		above, at 2 - 45 am
yrs. mos. ds. or min.?		
B OCCUPATION (a) Trade, profession or	Muscarrag	
particular kind of work  (b) General nature of industry		(8 weeks
business, or establishment in	(Duration)	We more d
which employed or (employer)	Contributory	••••••••••••••••••••••••••••••••••••••
9 BIRTHPLACE (State or country)	Secondary	······································
10 NAME OF	(Duration)	d
FATHER Patricle M. Mr. Cont.	(Signed)	M. D.
0 11 BIRTHPLACE	May 6 121 (Address)	
OF FATHER (State or country)  Montana  12 MAIDEN NAME	*State the Disease Causing Death, Violent Causes, state (1) Means of a In Accidental, Suicidal or Homicidal.	or, in deaths from jury and (2) Whether
of MOTHER Catherine 6 Clist	18 LENGTH OF RESIDENCE (For Hospit	tals, Institutions, Tran
13 BIRTHPLACE	ients or Recent Residents) At place In the	
OF MOTHER (State or Country)	of deathyrsds. State	eyrsmosd
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
(Informant) Patrick M. Mc Carty	Former or usual residence	
(Informant) Court in Michael	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address) Cambridge RDD	Disposed of or home	. 19
15 Filed May 2 1920 Erwolff Registrar	20 UNDERTAKER	ADDRESS
If more bianks are needed, address State Registras	r, 16 W. Saratoga St., Balto., Requesting V. S	5. No. 1.
V		

05501

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion amplies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Houscwife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a ," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart ranne," "Old Age," "Shock," "Imanition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL perilonilis," elc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condivalvular heart disease; etc. The contributory

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	PLACE OF DEATH	10360 STATE OF MARY
	County Norchester	CERTIFICATE OF
	Dec en in	Registration Dist. No
cate.	Village or City Williamshing (No	St: Ward) (If de a hos) tion, s'eted numb
certifi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
ot c	3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
back	WIBOWED. OR DIVORCED (Write the word)	(Month) (Day)
s on	6 DATE OF BIRTH  (Month) (Day) (Year)	that I ast saw h smallye on
nstruction	7 AGE  2 yrs. 8 mos. ods. or min.?	and that death occurred on the date stated above, a The CAUSE OF DEATH * was as follows:
important, See	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration) yrs.  Contributory Secondary
TION is very in	(State or country) Cashula C. Md  10 NAME OF FATHER Harry Mo Clamel  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  24	(Signed)  1923 (Address)
occu	OF MOTHER Many Standy  13 BIRTHPLACE OF MOTHER (State or Country)  OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Incients or Recent Residents) At place In the of deathyrsmosds. Stateyrs. Where was disease contracted.
statement of	(Informant) Karry Mc Carriel  (Address) William ling  Filed Oct 1st 19370 The Hastings	Where was disease contracted, if not at place of death?
	If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. //

St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH 9 30, 1930
(Month) (Day) (Year)
HEREBY CERTIFY, That I attended the deceased from
that I ast saw h walive on 192,
and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
D. i. i. D. pp
Jayuguel Vyhlhens'
(Duration) yts. mos Z ds.
(Signed) (Address) . Talkalala,
*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place In the of deathyrsmosds. Stateyrsmosds.
Where was disease contracted, if not at place of death?
Former or usual residence
Has hen glore Col Cemelery Oct 2" , 1930
4. B Williamsh by Hurlock Ind

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer to or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servont, Cook ployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, c. g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Howsenuid, etc. If the occupation has been changed report Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). Farm laborer, Loborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salcsman. without more precise specification as Day specifically the occupations of persons en-(b) Automobile foctory. The material For persons who have no occupation single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Meosles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," (secondar, Chronic interstitial nephritis, Examples: Accidental drowning; Struck by rollwoy troin-American Medical Association. Recommendations on oproved by Committee on Nomendature "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be 'Congenital,' "Senile," etc., "Dropsy,",
""Heart failure," "Haemorrhage," Chronic statement of cause of Example: Measles (disease volvular heart disease; etc. The contributory

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BURE

PLACE OF DEATH

WITHIN GONPONATE LIMITED OF	Registration Dist. No.
Village or City Canthy M(No. 2FULL NAME A. The	St.: Ward) (If death occurred a hospitel or institution, give its NAME is steed of street as number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED. (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 2 3 1920 to 2 4 1922 that I last saw ham alive on 2 3 1922
7 AGE    If LESS than   I day hrs.   ds.   or min.?	. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Cerrhal Henrochage
which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Clern - Sclerows Secondary  (Duration) yrs. mos.
10 NAME OF FATHER Mr. Mc Glangthin  11 BIRTHPLACE OF FATHER	(Signed)
Z (State or country)  12 MAIDEN NAME OF MOTHER  Anhana	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trainents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
(Informant) Ahrin me Hungspin	Former or usual residence
(Address) Canshide WI	20 UNDERTAKER ADDRESS
If more blanks are needed, addre.s Ltate Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons ennncr, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. accident; Revolver wound of head-homicide; Poisoned by "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	County	rche	ster			
va	lage or City	And:	1.:71		No	McGla
=	PERSON	IAL AN	D STATIST	TICAL I	PARTICUL	ARS
1	ale	whi	e or race	WID	RIED, OWED. DIVORCED to the word)	ried
6 1	DATE OF BIR	тн	Oct. 2	2nd		1909
		************	(Month		(Day)	1_(Year)
7 4	GE		(MOHE)	.,	[16	LESS than
	27		/rs. 8	mos	7 ds. o	rmin.?
- W	usiness, or established which employed SIRTHPLACE (State or cou	ed or (em		nd	7 OF T GOT ROOK ON THE ACT MAY 8000	•••••••••••••••••••••••••••••••••••••••
	10 NAME O	F	-		ughlin	
ARENTS	11 BIRTHPL OF FATH (State or		Maryla	ind		
PARE	12 MAIDEN OF MOTH		lary Bl	len	101a	
		ER Country)	Maryla			
14	(Informant)	Par	1.	Meg	larg	1
15	Filed Jun				J. Com	siek

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

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If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registration Dist. No.

ghlin	St.: Wa	a hospital	occurred in or institu- its NAME is street and
MEDICAL	CERTIFICATI	E OF DEATH	
16 DATE OF DEATH			
****************	year.	4	1922
**************************************	(Month)	(Day)	(Year)
17 I HEREBY CI			
June 1			
that I last saw h	//		_
and that death occurred			55 P. m.
The CAUSE OF DEATH	* was as follows:	0 00	
tople	of fee	mesuma	
······································		UC.	v. 8-62.
Contributory Secondary	(Durstion)	yrs	nos
(Signed)	Jacoby	A	M. D.
July 10 1930 (	Address)	altred gray	- Comment
*State the Disca Violent Causes, state Accidental, Suicidal or l	se Causing Dea (1) Means of	th, or, in der Injury and (2)	ths from Whether
18 LENGTH OF RESID		pitals, Institut	ions, Trans-
At place of deathyrsmos.		the Stateyrs	mosds,
Where was disease contract if not at place of dea.h?	ed,		
Former or usual readence	**************************************	***************************************	
19 PLAGETOF BURIAL C	R REMOVAL	DATE OF	BURIAL
Cambridge		June 1	0 , 19 30
20 UNDERTAKER	000	ADDRESS	1

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(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseer," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement ployed, as At school, or At home. Care should be taken report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) Whooping use of "Tumor" for malignant neoplasms); Measles; .,.... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic affection valvular heart Nomenclature of the need not be disease;

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No. 1

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N. B.

1PLACE	OF	DEATH
County DOI	che	ster County

02889

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. // 6

PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
s sex Female	4 COLOR OR RACE	B SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Single	16 DATE OF DEATH March 14, 1930 (Month) (Day) (Year)
DATE OF BI	Unknown (Month)	(Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from April 21, 1928 to March 14, 1930 that I last saw h.er alive on March 14, 1930.
About  a occupation (a) Trade, particular ki	rofession or	mosds.   If LESS than   I dayhrs   ormin.;	The CAUSE OF DEATH * was as follows:
(b) General	nature of industry establishment in oyed or (employer)	nown	Unknown (Duration) yrs. mos ds  Contributory Chronic interstitial nephritis becondary Unknown (Duration) yrs. mos ds
11 BIRTHF OF FAT Z (State	C Unk PLACE THER	nown	(Signed) (Address) Cambridge, Maryland  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDE OF MO	NAME	cnown	Accidental, Suicidal or Homicidal.  18 L'NGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	THER or Country) Unl	mown	At place Since April 21, 1928 the of death yes mos. de Where was disesse contracted, it not at place of death? Caroline County
(Information (Ad	dress) Cambridge,	State Hospital Reco	Forms or Preston, Md.  19 LACE OF EURINOR REMOVAL  20 ON DERTAIN OF BURIAL  20 ON DERTAIN OF BURIAL  Ar, 15 W. Saratoga St., Belto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (6)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,");

atic), "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The contributory Always qualify all not be

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>	CORD	EXACTLY, PHYSI- ly classified. Exact	ficate.
MARGIN RESERVED FOR BINDING	W. FE IL Y, WITH UNFADING INK-THIS IS A PERMANENT CORD	N. BEvery Item of information should be carefully supplied. RCE chould be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact	statement of OCC ATION is very important. See instructions on back of cortificate.
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V. 8 No. 1

PLACE OF DEATH	06672 STATE OF MARYLAND
County Dorchester County	CERTIFICATE OF DEATH
County	(44)
(10)	Registration Dist. No.
Village or City Cambridge (No. Eastern  2FULL NAME Kate Manlove	Shore State Hospest: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED	16 DATE OF DEATH
Feme le White (Write the word) Single	June (Month) 23 (Day) 1930 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decensed from
June 1 , 1876	May 18, 1925. to June 23, 1920,
(Month) (Day) (Year)	that I last saw h er alive on June 23, 19230,
7 AGE [If LESS than	and that death occurred on the date stated above, at
I day hrs.	The CAUSE OF DEATH * was as follows:
mos. 22 ds. or min.?	Carcinoma of the stomach
B OCCUPATION (a) Trade, profession or	
particular kind of work	
(b) General nature of industry	020000000000000000000000000000000000000
business, or establishment in which employed or (employer)	Several yrsa (Duration) yrs. mos. ds.
BIRTHPLACE	Contributory Chronic myocarditis
(State or country)	(Duration)
1 10 NAME OF	
FATHER Wark Manlove	(Signed) Chas Jakaney M. D.
U DIDTURI ACE	June 24, 192 30 (Address) Cambridge, Larylard
OF FATHER Z (State or country Mary land	*State the I is so Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME	
of Mother Mary Ellen Coulyn	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Truns-
13 BIRTHPLACE	ients or Recent Residents) At place Since May 18, 1915 In the
OF MOTHER (State or Country)Unknow n	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, unknown
14 THE ABOVE IS TRUE TO THE BEST OF MIT KNOWLESGE	Former or
(Informant) E.S.S.Hospital Records	usual residence Cecil County
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Cambridge, Maryland	Elklen md June 26. 1030
15 Filegene 34130 E Wolff	20 UNDERTAKER Phlin Ellion Mid
If more b.anks are needed, addre.s Ltate Kegistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective cf whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cool,, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Locomolive engineer, But in many

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V. S. No. 1

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PLACE OF DEATH	09185 STATE OF MARYLAND
County Dozenstu	CERTIFICATE OF DEATH
	Registration Dist. No. 115
Village or City Traling Geele (No.	St.: Ward) (If death occurred in a hospital or Institu-
2FULL NAME Landle ash	meekus stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Market, Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Yes	0 ling 27 1930 10 Qua 27 , 19230
7 AGE (Month) (Day) (Yes	
I day	The same of the sa
o yrs. 1 mos. 13 ds. or mi	n. Deanhoua & Enteritie
a OCCUPATION (a) Trade, profession or	(mdu/zyenz)
particular kind of work None	
(b) General nature of industry business, or establishment in	***************************************
which employed or (employer)	(Duration) yrs
9 BIRTHPLACE (State or country) man land	Contributory Secondary
10 NAME OF	(Signed) Anno M. D.
FATHER Johns Deller Meekins	aug 27 1920 (Address) Praling Treely had
OF FATHER (State or country)  OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Daisy Lillian Line	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the
(State or Country)	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Sillian Melkins	Former or usual residence
(Address) Tisling trell, h	gishing reck, his aug 28, 1930
15 Filed ang 27 1920 James W. me ade	20 UNDERTAKER ADDRESS TELLIMATER TO SELLY TELLIMATER TO SELLY TELLIMATER TO SELLY TO
If more hunts are needed address that Position	erar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
** ***** Procedure are needed, Eddlers Office Negist	rar, to w. Saratoga St., Daito., Arquesting V. S. No. 1.

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EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL scpticaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is lcss definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease, not be

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME In-stead of street and number.) **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, BINDING WIDOWED. OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) (Year) (Month) IIf LESS than and that death occurred on the date stated above, 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows: min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in UNFADING which employed or (employer) MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 2. (Address). 11 BIRTHPLACE \*State the Disease Causing Death, or, in OF FATHER Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) ш 12 MAIDEN NAME œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place of death... OF MOTHER (State or Country Where was disease contracted. if not at place of death? Every item CIANS sho statement Former or Registrar If more branks are needed, address State Registrar St., Balto., Requestir

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed. as At school, or At home. Carc should be taken household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed Foreman, (b) or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation to None. (a) the kind of work and also (b) the Automobile factory. The person, irrespective of not gainfully em-(b) Grocery; material

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pheumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Mcdical Association.) "Exhaustion, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; stated unless important. Example: Measles (disease "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, mentetanue) may be stated under the head of "contributory." "PUERPERAL scplicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (mcrely symptom-(secondary or intercurrent) affection need not be approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi interstitial nephritis, resulting from childbirth or miscarriage as eough; "Marasmus," "Old Age," "Shock," "Heart failure," "Haemorrhage, Chronic etc. valvular heart discase; The contributory

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N. B.

	PLACE OF DEATH County Core Nester	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. // D
	Village or City Hundreds (No	St.: Ward)  (if death occurred in a hospitel or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WIDOWED. WIDOWED. (Write the word)	16 DATE OF DEATH 100. H", 193.0
	6 DATE OF BIRTH  (Month)  (Day)  (Year)	that last saw have alive an Town. 3 1929.
***************************************	7 AGE    If LESS than   I day hrs.   or min.?	and that death occurred on the date stated above, at 2-H.O-P-m. The CAUSE OF DEATH * was as follows:
	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) / yrs. Z mos ds.
	9 BIRTHPLACE (State or country)	Secondery (Durstion) yrs mos de,
	10 NAME OF William Welson,	(Signed) Tray M. D.
	OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Mesns of Injury and (2) Whether Accidental, Suicidal or Homicidal.
4	of MOTHER Martha (ho data)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.  Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at plece of deeth?
	(Informant) Mrs Myra a Melson	Former or usual residence
	(Address) Hunlock Mid. c	Hurrock And Nov. 6", 1930
	Filed her 4" 19270 Nobert L Hastings	20 UNDERTAKERS ADDRESS HATTANIKOM & Sou D'ederalshing

If more branks are needed, addrass Stata Registrar, 19 W. Seratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, ctc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (secondary or intercurrent) affection need not Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart Nomenclature of the disease;

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EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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PHYSIitem of information should be carefully supplied. ACE should be stated EXACTLY, P should start CAUSE OF DEATH in plain terms so that it may be proporty classified. The country is very important. See Instructions on back of certificate. ORD PERMANENT BINDING FOR IS UNFADING INK-THIS RESERVED MARGIN WITH CIANS should sta statement of OCCU V. S. No. 1

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	PLACE OF DEATH			09186	STATE OF	MARYLAND
	County Dorches	ter		(91-6)	CERTIFICATI	E OF DEATH
1	7				Registration	Dist. No. 1/6
/Vi	llage or City Cambr	ridge (No. E	astern Sho	re State Hospi	tel st: Ward	(If death occurred is a hospital or institution, give its NAME in stead of street an number.)
-	PERSONAL AND S	TATISTICAL PARTIC	CULARS	MEDIC	CAL CERTIFICATE	OF DEATH
3 :	SEX 4 COLOR O	MARRIED, WIDOWED,	ED Widowed	16 DATE OF DEATH	Aug	(Dsy) (Year)
6	DATE OF BIRTH	Tipeles	. 1852	June 5,	Y CERTIFY, That I at	tended the deceased from
7 /	AGE	(Month) (Day)	(Year)  [If LESS than   I day hrs. or min.?	and that death occur		et 9, 19230 dabove, at ll:30 Aem D-sclerosis
H	(a) Trade, profession or particular kind of work (b) General nature of indu pusiness, or establishment : which employed or (employ	in		Several Year	(Duration)	yrsdi
9 1	BIRTHPLACE (State or country)	Maryland		Secondary	(Dugation) .A.	утвd:
-	10 NAME OF FATHER	John Mercer		(Signed)	erles Jap 30 (Address) Cambr	idee 10.
ENTS	OF FATHER (State or country)	Maryland		State the	Disease Causing Death	, or, in deaths from njury and (2) Whether
PARE	12 MAIDEN NAME OF MOTHER	Catherine F	erguson		ESIDENCE (For Hosp	oitals, Institutions, Tran
	13 BIRTHPLACE OF MOTHER (State or Country)	Maryland		At place Since of death yrs.	June 5, 1930n th	ateyrsmosd
14		S.Hospital	VLED GE	if not at place of de Former or usual residence. QCC	il County Alms	
15		e Eru	Joly A. Registrar	J. D. Co	hemstly	EOK GR, MA
	If more by	anks are needed, addres	s State Registra	r, 16'W. Saratoga St.,	Balto., Requesting V.	3, 1/0, 1,

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., whatever, write None. laborer, Housemaid, etc. If the occupation has been changed first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day (b) For persons who have no occupation Automobile foctory. The material Laborer--Coal mine, etc. (b) cngineer, Grocery; Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

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N. B.--

PLACE OF DEATH County Dorchester	02094 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Cambridgeno. 3/8 2FULL NAME Lewis Wilson	Registration Dist, No.    Ward   (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married (Write the word)	16 DATE OF DEATH  Yel 1980  (Month) (Day) (Year)
Mov- 26, 1844  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920 to 13 1920, that I last saw him alive on 1/3 1920,
7 AGE  85 yrs. 2 mos. 19 ds. or min.?	noon
(a) Trade, profession or sarticular kind of work  (b) General nature of industry business, or establishment in	
which employed or (employer) (State or country)  Maruflaud.	Contributory Secondary  (Duration)  yrs
10 NAME OF FATHER John Merriclo	(Signed) (Address) Cambridge M. D.
OF FATHER  Z  Description of marker to Mod.  12 Maiden NAME  7	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER LITTE TO THE LANGE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death
(Informant Min & Milan marrick	Former or usual residence
(Address) Care in me	Sambridge Demetery 2/16, 1930
15 Filed February 1888 ERWOLF Registrar	20 yn DERTAKERS Coupte Cauch. Md.
IC Lively and A add a State Designation	16 W Santon St. Balto Proposting V. S. No. 1

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting v.

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"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemic" (merely symptom-10 ds. Never report mere symptoms or terminal condistated unless important Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; L. (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular heart disease; Committee on Nomenclature of the Example: Measles (disease chopneumonia (secondary), etc. The contributory affection need not be

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PLACE OF DEATH
County Dn. Chuster

#### STATE OF MARYLAND CERTIFICATE OF DEATH

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	മ	а	>	1	

Village or City Brookwier (No. R. F. ).	Registration Dist. No.
2FULL NAME Soar al am to	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenuale, Wilte Single, MARRIED, WIDOWED. Warried, (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
(Month) (Day), 1876	that I last saw hell alive on Colors
7 AGE    If LESS than     dayhrs.   ormin.?	and that death occurred on the date stated above, at 3-1.5 H = m.  The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Myrocardilis Teulo- (Duration) yrs. mos 5 ds.
9 BIRTHPLACE (State or country) and.  10 NAME OF FATHER Saac Jaylor.	Contributory Secondary  (Duration) yrs. mos. ds.  (Signed) Dill M. D.
OF FATHER  (State or country)  12 Maiden Name	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Coliza Sousley.  13 BIRTHPLACE OF MOTHER (State or Country)	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(Informant) J. J'r and William	Former or usual res.dence
(Address) Vierna Md. R. J. D. Filed Oct 25 1930 Nobert L. Jackingo	Mekendree-Ind Comelay Oct. 26"1930 20 UNDERTAKER

If more b.anks are needed, addre.s ttate negistrar, NW. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more record mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully embusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part, of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH. For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); s, inal meningitis"); Diphtheria (avoid use of "Croup"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"E.haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "IIaemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; approved by Committee on telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite discase (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid Chronic etc. The valvular heart disease; Nomenclature contributory

If this certificate is looked over thoroughly and all questions and rered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No. 1

02

HYSI-Exact

	PLACE OF DEATH County Directester	(31)
Vi	llage or City Robbins. (No	
=		1
-	PERSONAL AND STATISTICAL PARTICULARS  SEX 4 COLOR OR RACE 5 SINGLE.	
R	ule White Single, Widows.  White Write Word  OR DIVORCED  OWNITE the word)	16 1
6	October 13, 1895- (Month) (Day) (Year)	that
7 /	If LESS than I day	and
b	a) Trade, profession or Selul Government of work Selul Government of industry pusiness, or establishment in which employed or (employer)	
9 1	(State or country) Ind,	•
	10 NAME OF FATHER Winis Mills	(Sign
RENTS	11 BIRTHPLACE OF FATHER (State or country)  Md,	
PARE	12 MAIDEN NAME Willie Borasuble	18 L
	13 BIRTHPLACE OF MOTHER (State or Country)	At pof do
14	(Informant) Char Hubbard Md  (Address) Address)	Form usua
15	Filed Mar 17 1931 Mrs J. J. Culick	20/

#### 02890

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 114

and that death occurred on the date stated above, at 2.30 h m  The CAUSE OF DEATH * was as follows:  Conclusion	<i>U</i>	St:	Ward)	a hospital tion, give i stead of number.)	or institu- ts NAME is street end
(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended the deceased from  Mil. 16 1920 to 1920  that I last saw here alive on Mil. 16 1920  and that death occurred on the date stated above, at 2 30 km  The CAUSE OF DEATH * was as follows:  Preliminary & Selectional  (Duration) wis mos ds  (Signed) Uration) wis mos ds  State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death wis mos ds. Where was disease contracted, if not at place of death?  Former or usual residence.  19 BLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Mandy Island, Mid. Mid. 18 1, 1930	MEDICAL	. CERTIFI	CATE O	F DEATH	
that I last saw har alive on 1920. to 1920. that I last saw har alive on 1920. The CAUSE OF DEATH * was as follows:    Contributory	16 DATE OF DEATH	ne	h.	17	193
and that death occurred on the date stated above, at 2.30 m The CAUSE OF DEATH * was as follows:    Contributory	Indi- 16	ERTIFY, T	hat I atte	nded the de	ceased from
(Duration) Live mos de Contributory Secondary  (Duration) yrs mos de Contributory Secondary  (Signed) (Duration) yrs mos de Contributory Secondary  (Signed) (Address) (Contributory M. D. D. State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds State yrs mos ds Where was disease contracted, if not at place of dea.h?  Former or usual residence  19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL Sandy Jaland, Red, Red, Red, Red, Red, Red, Red, Re	and that death occurred	live on	Mel	, 16	1922.
Contributory Secondary  (Duration)  (Signed).  (Signed).  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs. mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 BLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Sandy Jaland, Md., Mach. 18, 1930	Juhra	losis-	000000000000000000000000000000000000000	****************	
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds. In the State yrs mos ds  Where was disease contracted, if not at place of death?  Former or usual residence  19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL Standy Jaland, Mad, Mad, Mad, 18, 1930	Contributory Secondary  (Signed).		ion)	y19	nosds.
ients or Recent Residents)  At place of deathyrs mosds, Stateyrs mosds  Where was disease contracted, if not at place of dea.h?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL	*State the Discar Violent Causes, state	se Causing (1) Mean			
Sandy Island, red. hech 18, 1930	ients or Recent Reside At place of deathyrsmos. Where was disease contracted for at place of dea.h?	ents) ds,	In the		
Gramile Fe Compte Campidge mel.	Sandy Isla 20 ANDERTAKER	ad, he	d.	ADDRESS	, 1930

If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specimeation as will laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, Locomotive engineer, Stationary fireman, etc. For persons who have no occupation not gainfully em-But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Whooping cough; Chronic Chronic interstitual nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentclanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease affection need etc. The contributory valvular heart disease; Nomenclature not be

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	05504
PLACE OF DEATH	STATE OF MARYLAND
County Dorchester	CERTIFICATE OF DEATH
/ 2	Registration Dist. No.
Village or City Cambridge (No. 320 / Stullage or City Claubing (No. 320 / Stullage or City Chartha S.	Mard) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Fidow WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Deay 16, 193. (Year)
6 DATE OF BIRTH  Meason 232d, 1849  (Month) (Day) (Year)	that I last saw han alive on non (5 , 1922)
7 AGE  8 / yrs. / mos. 2 3 ds. ormin.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Carcinonia Colombia (remains).  (Durstion) Creg GZ.  (Durstion) Jr.  (Durstion) de
9 BIRTHPLACE (State or country) Maryland  10 NAME OF FATHER Unknown  11 BIRTHPLACE	(Signed) (Address) Cambridge Neg
OF FATHER  (State or country)  Maryland  12 Malden Name  OF MOTHER  12 MOTHER  OF MOTHER	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country) Many Land 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents)  At place of deathyrsmosds. Stateyrsmosdr  Where was disease contracted, it not at place of death?
(Informant) Halle Moobray  (Address) Cambridge Md.	19 PLACE OF BURIAL OR REMOVAL  LOAMbridge Md May 18,44 8  20 UNDERTAKER ADDRESS  ADDRESS
Registras  If more b.anks are needed, addre.s : tate Registra	ar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, laborer, Foreman, (b) For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman, (b) Grocery: man, (b) Automobile factory. The material without more precise specification as Day who are engaged in the duties of the For persons who have no occupation (a) the kind of work and also (b) the not gainfully em-

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N. B.--Every Item of Information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIANS should escaped of DEATH in plain terms so that it may be properly classified. Exact MARGIN RESERVED FOR BINDING

PLACE OF DEATH County Orchiter	13749 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 16
Village or City Cambridgeno. 2FULL NAME Leak Mrs	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 1000, 16 (Year)
(Month) (Day) (Yes	that I last saw h M alive on The last above, at 7,30 Am.  The CAUSE OF DEATH * way as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos. 2 //yds.
9 BIRTHPLACE (State or country) Dow Co  10 NAME OF FATHER Demard Clash  11 BIRTHPLACE	(Signed) Caroll M St Clair M. D.  (Signed) Caroll M St Clair M. D.  (Address Line + Celan St
OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	*State the l'isease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  13 L.NGTH OF RESIDENCE (For Hospitals, Institutions, Transcients or Recent Residents)
OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death
(Address) Deubricke (Address) 19230 Elweff Registra	19 PLACE OF BURIAL OR REMOVAL  Wrugh Deserty  20 UNDERTKER  THIST CLASS  Cambridge  Camb
If more blanks are needed, address tate weg	istrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from er," etc., Without must re---Coal mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation without more precise specification as Day Compositor, Archilect, Locomolive engineer, Wom-

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Fxact

PLACE OF DEATH County Cockette	O1591 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Village or City Cassiling (No. Cassiling 2FULL NAME Coy Mis	(if death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 26 25 , 192.0
6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw has alive on Alba 25, 192.2.
56 yrs. 2 mos. 21 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry  business, or establishment in	(Duretion) yrs moe A de.
9 BIRTHPLASE (State or country)  1 10 NAME OF	Contributory Secondary  (Duration)  To describe the secondary of the secon
11 BIRTHPLACE OF FATHER (State or country)  Mares Cond	*State the i-is-ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER DAVIDED NOON 13 BIRTHPLACE OF MOTHER MANUAL ASSESSMENT OF MOTHER MANUAL ASSESSMENT OF MOTHER MOTHER MANUAL ASSESSMENT OF MOTHER MOT	Accidental, Suicidal of Homicidal.  13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Iransients or Recent Residents)  At place of deathyrsmosds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)	Where was disease contracted, it not at place of dea h?  Former or usual residence.
(Address) Since St, auchdy	Detre energy (ADDRESS).
/ Begistral	r, 18 W. Saratoga St., Balto., Lequesting V. S. No. 1.

01501

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton will; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houselaborer, report specifically the occupations of persons enfirst line will be sufficient, e. g.. Farmer or Planler, or At Home, and children, not gainfully em-For many occupations a single word or term en yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Locomotive engineer,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise\_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

> American Medical Association.) approved by Committee on Nomenclature of the tclanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E :haustion," "Heart failure," "Haemorrhage," (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid cough; Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease, Always qualify all

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(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekcepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The material engineer, Stationary fireman, etc. But in many For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the mill; (a) Salcsman. Locomotive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('ereprosymul fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "('Loupt'); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ........ name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonihis," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if inpossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary Whooping cough; idanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, approved by Imerican Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, death), 29 ds.; Bronchopneumonia (secondary), FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) affection need Committee on Chronic valvular heart etc. The contributory Nomenclature disease; not be

If this certificate is looked over thoroughly and all questions showered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

B.--Every itom of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should star CAUSE OF DEATH in plain torms so that it may be properly classified. Exact statement of OCC. CORD PERMANENT BINDING MARGIN RESERVED FOR NET, WITH UNFADING INK---THIS I WK

7. S. No. 1

ż

PLACE OF DEATH	04234 STATE OF MARYLAND
County Jorchesley	CERTIFICATE OF DEATH
	Registration Dist. No.
a maria	X a a a
Village or City No.	St.: Ward) (If doath occurred in a hospital er institu-
The Mai	tion, give its NAME in- stead of street and
2FULL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
WIDOWED.	1933
M CR DIVORCED (Write the word)	(Nonth) (Year)
6 DATE OF BIRTH	192 10 4/14 ,192 4/
, 1	that dilart saw h Walive on H/LX 1927
(Month) (Day) (Year)	10 10
7 AGE	
l dayhr	
yrs. mos. ds. or min	our dans
(a) Trade, profession or	***************************************
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) yrs. mos de.
which employed or (employer)	
9 BIRTHPLACE (State or country) May lack	Contributory
10 NAME OF	Duration) yrs mos ds.
FATHER	(Signed) M. D.
o 11 BIRTHPLACE	41 W 1924 (Address) Carrelley Mil
OF FATHER (State or country)	*State the Disease Causing Death, or, in deathe from Valuet Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
W 12 MAIDEN NAME	
OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or country)	of deathyisds. Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
1 Marce	Former or usual residence
(Info:man)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Address	all it meet as 16 30
15 Filotpiel/6 1930 Zellolf	20 UNDERTAKEN ADDRESS
Registral	The fo Caseph - casesony My
If more banks are needed, addross State Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Serumt, Cook to report ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer,'" "Foreman," "Manager." "Feel-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect. Foreman, first line will be sufficient, e. g.. Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as specifically the occupations of persons en-For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Salesman. (b) Locomolive engineer Grocery;

Statement of Cause of Death—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"); obar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." discases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcomu, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature embolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, Whooping cough; Chronic valendar heart disease; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train "Uraemia," "Weakness," etc., when a definite disease .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," interstitial nephritis, etc. The contributory

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tired 6 yrs). er," etc., William laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. played, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Physician, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day Compositor, For persons who have no occupation Stationary freman, et. But in many Architect, -Coal mine, etc. Locomolive engineer, (b) Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal mennalitis"); Diphilaria (avoid use of "Croup"); Typhoid fever (nover report "Typhoid Pneumonia": Lobar meannaia Bronchopneumonia ("Pneumonia.":

"Uraemia," "Weakness," etc., when a definite disease "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be estated unless important. Example: Measles (disease Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcona,, etc., of ....... (name origin; "Cancer" is less definite; avoid telunus) may be stated under the head of "contributory as fracture of skull, and consequences (e.g., sepses, carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Messles; approved (Recommendations on statement of cause of death unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on Nomenclature of the cough; Chronic etc. The contributory valvular heart diseuse;

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PLACE OF DEATH  County Office slew  Village or City aududg (No 2  2FULL NAME UMULE /	Registration Diat. No.  (If death occurred in a hospitel or institution, give its NAME insteed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWES. WIDOWES. Wild (Write the word) 6 DATE OF BIRTH	(Month) (Day) (Year)
(Month) (Day) (Year)	thet I lest saw har alive on Mah. 1920,
7 AGE    If LESS than   I day hrs. or min.?   8 OCCUPATION (a) Trade, profession or particular kind of work   Ousside of the second of the sec	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  FATHER  FULLY  LASON  10 LASON	(Duration) yrs mos de.  Contributory Secondary  (Duration) yrs mos de.  (Signed) yrs M. D.
OF FATHER (State or country)  12 MAIDEN NAME)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidai or Homicidai.
12 MAIDEN NAME OF MOTHER MEMBERSHAM  13 BIRTHPLACE OF MOTHER (State or Country) Waryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where wes discess contracted,
(Informant) ANY MONES  (Address Aufthredge Med)	Former or usual residence.  That of Burial Or Removal Date of Burial Or Buri
Filed L& 16193 0 & LWoff Registrar  If more brenks are needed, address State Registrar	DUNDERTAKER Bayneum ADBRESS  AUS PROPERTY AUSTRALIANS  ADBRESS  AUSTRALIANS  AUSTRA

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Form loborcr, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Solesman, (b) without more precise specification as Doy (b) Automobile foctory. The material For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,").

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of American Medical Association.) tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic volvular heart etc. The contributory disease;

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N. B.—Every item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCC ATION is very important. See instructions on back of certificate. CORD PERMANENT MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS M

V. S. No. 1

	PLACE OF DEATH	05505 STATE OF MARYLAND
	County Downson	CERTIFICATE OF DEATH
		Registration Dist. No. //6
	Village or City Community Ind (No. Camb-)	Mard) a hospital or institu-
	2FULL NAME Ang Linn	H. Mordray tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH 2 4 , 193 D
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	Under 1867	May 9 1920 to May LY , 1920.
	(Month) (Day) (Year)	that I last saw ht alive on Many 2 4, 1924,
	7 AGE   If LESS than	and that death occurred on the date stated above, at 8 91 had
	Mont 6 3 yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
	8 OCCUPATION	Dysentery - Oyps not determined)
	(a) Trade, profession or particular kind of work	Jest Jest Light Mr. Redmind)
	(b) General nature of industry	**************************************
	business, or establishment in which employed or (employer)	(Durstion)yrstnosds,
	9 BIRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF	(Duration) yrs mos ds.
	FATHER MMann Lock	(Signed) M. D.
	II BIRTHPLACE OF FATHER	(Address)
	OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother May Looms	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recant Residents)
4	13 BIRTHPLACE OF MOTHER  M M	At place of deathyrsmos. / 2 ds. Stateyrsds.
	(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not st place of dea.h?
	(Informant) Lun It. Monthay	Former or usual residence dur sys, hed
	(Address) Cambridge Mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	15 Filed Ina 24 1920 Estaly	20 UNDERTAKER ADDRESS
	/ / Registrar	frank 2. Wangh ambudy me
	If mora banks are needed, address Stata Ragistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., William laborer, Laborer—Coat ments, laborer, Farm laborer, Laborer—Coat ments of the laborer, home, who are engaged in the duties of the receive a sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never rcturn "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation

whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease; Nomenclature of the

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WRONG FAIL, WITH UNFADING INK-THIS IS PERMANENT ORD CYATEM of Information should be carefully supplied. ACE should be stated EXACTEY, PHYSI-BINDING MARGIN RESERVED FOR

N. B.--Every V. S. No. 1

Exact	PLACE OF DEATH County Double	12397 STATE OF MARYLAND CERTIFICATE OF DEATH
ed.	County	(b) Registration Dist. No. // 6
cate.	Village or City Airup Ind. (No. 271. No. 271. No.	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)
properly of certifi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
be ck	3 SEX 4 COLOR OR RACE SINGLE, MARRIED. WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH OLL / 2 , 1930 (Month) (Day) (Year)
hat it may lons on ba	6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920. to 1920. that I last saw h M alive on Och 12, 1920.
rms so the	7 AGE    If LESS than   I day hrs.   or min.	
EATH In plain important. Se	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration) mos. ds.  (Duration) yrs. mos. ds.
ON is very	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
ld sta	12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
IANS shou tatement of	(Informant) (Address) (Address) (Address) (Address)	Former or usual residence
<u>0</u> %	Filed ON 13 1930 ERWolff Registrar	20 UN DERTAKER & Albangh Cambridge Mel ir, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
5.5.5	If more branks are needed, address state Registra	1, 10 5

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, whatever, write None. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) At Home, without more precise specification as Doy (b) Automobile foctory. The and children, person, irrespective of Locomotive engineer, not gainfully emmaterial Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "('roup''); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." occident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL scplicacmia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need Chronic interstitual nephritis, approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sarcoma, etc., of . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), cough; Committee on Nomenclature of the "Heart failure," "Haemorrhage, Chronic etc. The contributory valvular heort not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the date is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	regionation	201011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
S	Wand	0	f death	occurred	i

a hospital or institu-tion, give its NAME Is-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH 2 13 , 1923
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the decensed from
1923 to 63, 1923
thet I lest saw h Colive on 200 // , 1927
and that death occurred on the date stated above, at A. A. A. m
The CAUSE OF DEATH * was a follows:
and Cardine.
poloto
135 85 CV (W + 240 DOX 10 100 DOX 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(Duration) yrs. 1 mos dd
Dunel Delell
Contributory Secondary
(Dwration) yrsmosde
7 11-57 1000
(Signed)
5 -/3 1927 3 (Address)
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, lrunients or Recent Residents)
At place In the of deathyrsmosds. Stateyrsmosd
Where was disease contracted, if not at place of dea.h?
Former or usual res.dence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
aireys Ma 5/14, 193
20 UNDERTAKER ADDRESS

o Z

(Approved by U. S. Census 2nd American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to knew (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthlaborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective cl Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Parmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, household only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal menin\_itis"); Diphtheria (avoid use of "Croup"); S. inal menin\_itis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia");

American Medical Association.) approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E.:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, aceident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic etc. The contributory affection need valvular heart Nomenclature disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact

PLACE OF DEATH County Porthstn	05507 STATE OF MARY CERTIFICATE OF
Village or City airus, me (No.	Registration Dist. No.
Village or City Unip, M (No	St: Ward) (If d a hos tion, stead number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
3 SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED. OR DIVORCEO (Write the word)	16 DATE OF DEATH  May 29  (Morth) (Day)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended to 2 2 1927 to 2 2 that I last saw home alive on 2
7 AGE    Jyrs.   1 mos. 2 7 ds. or min.?	and that death occurred on the date stated above, The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	inoble to isolate organisme Ce
which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration)  yre
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)	(Signed)  State the Disease Causing Death, or, in
12 MAIDEN NAME OF MOTHER ANGUL R. Love	Violent Causes, state (1) Means of Injury an Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Incients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  The state of Country)	At place of deathyrsmos,ds, Stateyrs
(Informant)  (Address)  (Address)	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DAT  And  The Community of the co
15 Filed Dry 79 1920 PERWAR	Trank & altargh Com
If more banks are needed, address tate Registras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

. mowha	St.:		a hospital	occurred in or institu- ts NAME is - street and
MEDICA	CERTIF	CATE O	F DEATH	
16 DATE OF DEATH			(D-1)	1950 (Year)
that I last saw have and that death occurred the CAUSE OF DEATH	IPA . to alive ond on the da	bat I atter	2 9 2 8	192-2.,
Dysenle unable to isd	(/	anisme		the second of th
(Signed)	(Address) (Addre		hidge	M. D.  M. D.  ths frem Whether
18 LENGTH OF RESII ients or Recent Residence of death yrs	DENCE (For	In the		.mosds,
19 PLACE OF BURIAL	1 me	1	Mand.	BURIAL 4, 1920

8. No. 1

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from nature of the business or industry, and therefore an Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH. For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation (a) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrbage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on affection need Nomenclature of the not be

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N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should start CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCC ATION is very important. See instructions on back of certificate. CORD PERMANENT BINDING MARGIN RESERVED FOR WITH UNFADING INK-THIS IS

S No. 1

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PLACE OF DEATH	STATE OF MARYLAND
County Durchistis	6397 CERTIFICATE OF DEATH
WITTIE CORPORATE LIMITO OF	Registration Dist. No. //6
will as for the the 200	St.: Ward) (If death occurred in
Village or City (No.	a hospital or institu- tion, give its NAME in
2FULL NAME Thilms	May Amply stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
WIDOWED OR DIVORCED	
Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	Jan. 13 1930 to Jan 2 1 , 1920
fune 0, 190)	that I just saw her alive on Jan & J ., 1920,
(Month) (Day) (Year)	7 40
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at
22 yrs. 2 mos. / ds. or min.?	0
B OCCUPATION	Julmonary & general Jahrenbeis
(a) Trade, profession or particular kind of work	000000000000000000000000000000000000000
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yre,mos,ds,
9 BIRTHPLACE	Contributory
(State or country)	(Duration) yrsds.
10 NAME OF	5 theest up
FATHER James mughy	(Signed). (Address) Cambridge, Inf
IN II BIRTHPLACE	
C (State or county)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
DE 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
of MOTHER Was Cannot	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos. ds. In the State yrs mos. ds.
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
my Hames house	usual res.dence
(Informant)	19 PLACE OF BURIAL OR REMOVAL
(Address) / Cunhaly my	Cambridge med france, 1981
15 1 27 SS Milesi	20 UNDERTAKER
Filed Jan 27 1936 C. 2 Walf	Wank & Wang Canhole m
If more banks are needed, addre.s Ltate Negistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Solesmon. (b) Grocery; (a) Foremon, (b) Automobile factory. The material should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook. work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Form loborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-For many occupations a single word or term on For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Cruup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway troinand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-(Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Corcinoma, Sarcoma, etc., of Chronic valvular heart disease; etc. The contributory

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Dorchester stated **EXACTLY**, proposerly classified. f certificate. Registration Dist. No. // D ..... Ward) If death occurred in a hospital or institu-.ion, give its NAME in--tend of street and \_amber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX COLOR OR RACELS SINGLE. 0 MARKIED. OR DIVORCED (Write the word) BINDING HEREBY CERTIFY, That I attended the deceased from DATE OF BIRTH that I last saw harmalive on ... (Day) (Tear) and that death occurred on the date stated above, at, 08 7 AGE If LESS than FOR The CAUSE OF DEATH & was as follows: I day ... hrs. terms suppli afully solain te RESERVED (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in ....(Duration) .......yrs......mos......do, which employed or (employer) ..... Contributory 9 BIRTHPLACE Secondary (State or country) MARGIN ..... (Duration) ...... yrs. ..... mion. .... 10 NAME OF FATHER (Signed) 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in deaths from 正山 Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or L'omicidal (State or country 02 12 MAIDEN NAME 4 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 13 BIRTHPLACE At place In the O O OF MOTHER State, ....yra......mos. of death .... yrs. ... mos..... da. 0 (State or country Where was disease contracted. 14 THE ABOVE IS if not at place of death?..... Former or usual residence... (Informant) Every CIANS staten OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS more blanks are needed, address State Registrar. 16 Wessaratoga St., Balto, Regyetting V. S

(Approved by U. S. Censns and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or Industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthployed, as At "chool or At home. Cure should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housevife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer. Laborer-Coal mine, etc. Womer," etc., Never return "Laborer." "Foreman." "Manager." "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwhatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Statement of Occupation Precise statement of oc-Foreman, (b) Automobile factory. For many occupations a single word or term on without more precise specification as Day The material

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feecr (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchapneumonia ("Pneumonia,"

causing death), 29 ds.; Bronchopneumonia (secondunqualified, is indefinite); Tuberculosis of lungs, mensymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; uges, peritonacum, etc., Carcinoma, Sarcona, etc., of ment of cause of death approved by Committee on and qualify as accidental, suicidal, or Homicidal, of discuses resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanitiou." "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be ...... (name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS State MEANS OF INJURY State cause "Puerperal septicuemia:""Puerperal peritoultis," "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorrulsions," Whooping cough; Chronic valvular heart disease; "Debility" ("Congenital," "Senile," ctc.), for which surgical operation was under-(Recommendations on state-Example: Measles (disease "Anacmia" (merely

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	PLACE OF DEATH	MAGAS STATE OF MARYLAND
	County Storchester	CERTIFICATE OF DEATH
	WITHER DORPORATE LIMITED	Registration Dist. No. // 6
	Village or City Cambudge (No.	Mard) (If death occurred in a hospital or institu-
	2 FULL NAME Ligges Kee &	tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. Rugle  Pemale 4 hite (Write the word)	(Month) (Day) (Year)
2	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
0	neb. 1600, 1849	that I last saw he alive on 1920,
	(Month) (Day) (Year)  7 AGE   If LESS than	and that death occurred on the date stated above, at 12214 _m.
	I dayhrs.	The CAUSE OF DEATH * was as follows:
0	81 yrs. 9 mos. 19 ds. or min.?	Miles O
	a) Trade, profession or	musi vaçin citalin
1	particular kind of work	
	(b) General nature of industry business, or establishment in	(Duration)yrsmosds.
01.00	which employed or (employer)	Contributory
2	9 BIRTHPLACE (State or country)  Mass land	Secondary
7	10 NAME OF	Quration) Tres M. D.
0	FATHER Milliam Vo. My use	(Signed) 1 (Address) Curuling MM. D.
	OF FATHER  (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Elizabeth Sullwork.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
2	13 BIRTHPLACE OF MOTHER	At place In the
	(State or Country) Maryland	of deathmosds. Stateyrsmosds.  Where was disease contracted,
5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
1	(Informant) Sidney Hurry	Former or usual residence.
	1. The I now	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
ומנ	(Address) Campunage / Ma	Gambridge Md. Dec. 8. 1980.
0	Filed 176 193 AN MATTHEW Registrar	It W. Willis The Cambridge 1
	If more bianks are needed, address State Registras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Gook, er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farme state occupation at beginning of illness. If retired round or given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocwhatever, write None. Housemoid, etc. If the occupation has been change ployed, as At school, or At home. Cure should be taken household only (not paid Housekeepers who receive a laborer, Foreman, (b) Automobile factory. The to know For many occupations a single word or term on Or yrs). Form laborer, Loborer-Coal mine, etc. (b) Cotton mill; (a) Salesmon. At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (6) material Grocery,

Statement of Cause of Death—Name, first, the Discrete Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as flacture of skull, and consequences (c. g., sepsis, American Medical Association.) approved by Committee on Nomenclature telonius) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by ruilway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, etc. The contributory Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic volvulor heart diseose;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the Jatu is essential and must be obtained before the certificate is permanently filed.

JAN 7

PLACE OF DEATH	12891 STATE OF MARYLAND
10. and alter	CERTIFICATE OF DEATH
County County	116
	Registration Dist. No.
WITHIN CORPOR TE LIMITE OF . AL O	1 mol
Village or City (No.	St: Ward) (If death occurred in a hospital or institu-
6-4-6.	tion, give its NAME in-
2 FULL NAME OMOMA IV	number.)
Management of the second secon	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX ( COLOR OF RACE   5 SINGLE, MARRIED.	16 DATE OF DEATH 2
WIDOWED'	(Month) (Duy) (Year)
OR DIVORCED (Write the word)	I7 I HEREBY CERTIFY, That I attended the decessed from
6 DATE OF BIRTH	120 11 20 11
1 - + 1/2-	Man S. 198 d, to Man Ol , 180.
Cost Appon	that I last saw her alive on Mar-O, 127. a.
(Month) (Day) (Year)	and that death occurred on the date stated above, at 11-40.m
7 AGE If LESS than	The CAUSE OF DEATH & was as follows:
5 Ll. I dayhrs.	The CAUSE OF DEATH 37 was as follows:
Uyrsmosds.lormin.?	6
8 OCCUPATION	Cerebral Haemorways
(a) Trade, profession or particular kind of work	
(b) General nature of industry	22 4
business, or establishment in	(Duration)
which employed or (employer)	Centributory
(State or country	
May act tou	(Duration), yrs, mosde
10 NAME OF FATHER	(Signed) 102. 1. M.D.
new wow	Marile 3 192 0 (Address) Carolinala
U BIRTHPLACE A + Y	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether
(State or country)	Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
& 12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a mon mou	ients, er Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country)	of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Darah Brann	Former or
(Informant)	19 PLACE OF BURIAL OR REMOVAL   DATE OF BURIAL
my low by doo wy	
(Address) Colonia Colo	took but drel G. luper 3, 19 3
15 Chr. 3 was Elwess	20 UNDERTAKER ADDRESS
Filed CfW. 3 1923 ZWOCKS	Levis Bonney Couli de
7	7.0000

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material zhouid be used only when needed. As examples: (a) r..ture of the business or industry, and therefore an rary to know (a) the kind of work and also (b) the en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant. Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Houseksepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womwhatever, write None. ured 6 yrs.). For persons who have no occupation I isiness, that fact may be indicated thus: Farmer (re-Housemaid, etc. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on If the occupation has been changed

MASE CAUSING DEATH (the primary affection with respect ed term for the same disease. Examples: Corebrospinal to time and causation), using aiways the same acceptspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid pneumenia"); fever (the only definite synonym is "Epidemic cerebro Statement of Cause of Death-Name, first, the Dispneumonia, Bronchopneumonia ('Pneumonia."

> use of "Tumor" for malignant neoplasms); Measles; unges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberoulosis of lungs, menconditions, such as "Asthenia," "Anaemia" (mereiy ary), 10 ds. Never report merc symptoms or terminal stated uniess important. symptomatic), "Atrophy," "Collapse," causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemor-(secondary or intercurrent) affection need not be Whooping cough; quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skuil, and consetrain—accident; Revolver wound of head-homicide; Examples: Accidental decouning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, of State cause for which surgical operation was under-"Purperal septicuemia,""Purperal peritonitis," etc. diseases resulting from childbirth or miscarriage as vulsions," Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on Poisoned by carbolic acid-probably suicide. The na-FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." (Recommendations on state-"Debllity" ("Congenital," "Senlle," etc.), Chronic valvular heart disease; Example: Measles The contributory "Coma," "Con-(second-

If this certificate is looked over thoroughly and all ques-dions answered in detail, it will prevent further correspondthe certificate is permanently filed.

RECEIVED

V. S. No. 1

	PLACE OF DEATH
(	county Dorchester
Vill	age or City Hundoels (No.
	2FULL NAME William Her
	PERSONAL AND STATISTICAL PARTICULARS
s s	A COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
8 0	ATE OF BIRTH  (Month)  (Day)  (Year)
7 A	
	72 yrs. 8 mos. H ds. or min.?
b w	irticular kind of work  ) General nature of industry  Isiness, or establishment in hich employed or (employer)  IRTHPLACE (State or country)
1	10 NAME OF Survivis No. Neal.
RENTS	II BIRTHPLACE OF FATHER (State or country)
PARE	OF MOTHER Henrietta Hackett
	13 BIRTHPLACE OF MOTHER (State or Country)
4	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant) see teal.
	(Address) Hurtock, Hid
15	Filed DOC/16 19230 17 & Hastrigers

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. // O

	sry Neal	(if death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
1	MEDICAL CERTIFICATE O	F DEATH
	16 DATE OF DEATH 13ee	IH", 1930
		(Day)(Year)
	that I last saw hat alive on Della 15	, 192Ta.,
	and that death occurred on the date stated the CAUSE OF DEATH * was as follows:	above, at 8 HO _m.
	Concer of the Pros	Toleglows
	Westers H Kidning J.	yıs. mos ds.
	Contributory Secondary	04 0 MOV ( 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	(Signed)	
	*State the Disease Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	
	16 LENGTH OF RESIDENCE (For Hospit iente or Recent Residents)	als, Institutions, Trans-
	At place In the of deathyrsmos,ds.	yrsmosds.
	Where was disease contracted, if not at place of death?	
	Former or usual residence	
	Moshinaton lemetery Med	DATE OF BURIAL  Sec 17 , 1930  ADDRESS
.0	Fitrauthour & Son	Jederal bruxa

If more branke are needed, addrese State Registrar, 12 W. Seratoga St., Beito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on For persons who have no occupation. (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the DISSE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), use of "Tumor" ..... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condifor malignant neoplasms); Measles; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

class

of certificate

on back

6 DATE OF BIRTH

8 OCCUPATION

9 BIRTHPLACE (State or country)

> 10 NAME OF FATHER 11 BIRTHPLACE

OF FATHER

13 BIRTHPLACE OF MOTHER (State or Country)

(Informant)

(Address)

(State or country) 12 MAIDEN NAME OF MOTHER

(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)

7 AGE

PARENTS

15 Filed

-Every Item of inforcial CIANS should startement of OCC

1PLACE	Dorches	ter
	Chodes &	Pale (No
PERSO	NAL AND STATIS	TICAL PARTIC
Jemale	A COLOR OR RAC	MARRIED, WIDOWED

(Month)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME ir-stend of street and .....Ward)

number.)

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH anwary	9 , 19\$30
(Month)	(Day) (Year)
Steel keefig . to	tended the deceased from
that I last saw halive on	
and that death occurred on the date state The CAUSE OF DEATH * was as follows:	d above, atm
Stellborn	
	######################################
(Duration)	yrs,mosde,
ContributorySecondary	147 976 • Aurilang 669 Aurilang Adonny Ang 4 10 0 1110 20 0 0 00000000000000000000
(Signed)	
	Macs ( sex
*State the Disease Causing Death Violent Causes, state (1) Mcans of I Accidental, Suicidal or Homicidal.	or, in deaths from njury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	itals, Institutions, Trans-
At place of deathyrsds. In the	e iteds,
Where was disease contracted, if not at place of death?	
Former or usual residence	*****
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	, 19
20 UNDERTAKER	ADDRESS

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

ULARS

(Year)

If LESS than I day hrs.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). er," etc., without more precise specification as Day whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, (b) Cotton mill; (a) Salesman, (b) For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of "Inanition," "Weakness," etc., when a definite disease "Exhaustion," "Heart Langue, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); American Medical carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undertaken. For violent deaths state means of injury "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Nevcr report mere symptoms or terminal condicough; As ociation.) Chronic and consequences (e. g., sepsis, valvular heart disease; etc. Nomenclature oroughly and a'l questions The contributory "Dropsy, Measles;

If this certificate is booked over thoroug answered in detail, it will prevent further on data is essential and must be obtained be permanently field. before the certificate is

PLACE OF DEATH  County Dorchester	(14235) STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. //6
Village or City Cambridge. (No. Eastern Short Public Name Niblett, George	re State Hospital St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Married	16 DATE OF DEATH  April 19,, 19230  (Month) (Day) (Year)
6 DATE OF BIRTH , 1 8 66	I HEREBY CERTIFY, That I attended the deceased from August 16, 1923 to April 19, 19230
(Month) (Day) (Year)  7 AGE  About 70 yrs. mos. ds.   lday hrs. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work Laborer (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Maryland	(Duration) yrs. mos 2 wk  Contributory Chronic Myocarditis Secondary Several Years (Duration) yrs. mos ds
10 NAME OF FATHER UNKNOWN	(Signed) Ola as A A A A M. D. April 19,19230 (Address) Gambridge, Maryland.
OF FATHER  (State or country)  Maryland	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Unknown  13 BIRTHPLACE OF MOTHER (State or Country) Mary land	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place Since August 16, 1923 of deathyrsmosds.
(Informant) Eastern Shore State Hosp.Record  (Address) Cambridge, Maryland  Filed 4/19 1930 S.S.W.	Where was disease contracted, if not at place of death?  Former or usual residence. Somer.set. County. Ma.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Cambridge Mr.:  20 UNDERTAKER  ADDRESS  ADDRESS  AT, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housecupation is very important, so that the relative healthwork, or At Home, and children, not gainfully emshould be used only when needed. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scruant, Cook ployed. as At school, or At home. Care should be taken er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. busines, that fact may be indicated thus; Farmer (re-Housenwid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Groeery; man, (b) Automobile factory. The material without more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation As examples: (a)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) stated unless important. (secondar, use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as Whooping cough; (Recommendations on statement of cause of carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL State cause for which surgical operation was undercan be ascertained as the cause. American Medical Association.) Examples: Accidental drowning; Struck by ruilway traintaken. FOR VIOLENT DEATHS STATE MEANS OF INJURY as fracture of skull, and consequences (e.g., sepsis, "Atrophy." "Collapse," "Coma," "Convulsions, interstitial nephritis, by or intercurrent) affection need not be Committee on Chronic valvular heart disease, Example: Measles (disease etc. The Nomenclature Always qualify all contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should s: CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCC ATION is very important. See instructions on back of certificate. PERMANENT BINDING MARGIN RESERVED FOR T, WITH UNFADING INK-THIS IS

00 0

Village or City Country Orenta Vibles  Village or City Osman Vibles  25111 NAME Joanna Vibles	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. // G  St.: Ward)  Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and of street an
2FULL NAME Joanna Vibles	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH    Gan   F   1930
6 DATE OF BIRTH  Seft. 4, 1929  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  Not at all 192 to 192 , that I last saw h & alive on Seff. 7 , 1927 ,
7 AGE  (Wonth) (Day) (Year)  If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 6 - 4, m. The CAUSE OF DEATH * was as follows:
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE  (State or country)  Judi	malnetrition -: mo history of gas- tro-enterities. A simple case of pool feed- ing. Culs R. (Duration) yes mos de. Contributory Bol. Freding. Secondary (Duration) yes mos de.
10 NAME OF FATHER John H Wibleth	(Signed) E & Tiber M. D. Jan. 18 1920 (Address) Cambridge End
OF FATHER Z (Stats or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Lilie May Bell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) John H. Sobleth  (Address) Cameliadge, had	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Cantinder May May Jan. 18, 1920
Filed Jan. 18 1921 ESWalf Registras	Touk albaugh Cambridge lud
lf more b.anks are needed, addre.s Ltate Negistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Locomotive engineer, Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); S. Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E.haustion," "Heart failure," "IIaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underapproved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic etc. The contributory valvular heart disease;

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PHYSI-

AUSE OF DE

PLACE OF DEATH

94-a

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 110

L	St.: Ward) (If death occurred in a hospital or Institution, give its NAME in stead of atrect and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH July 5", 1930
	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
3	, 192 to, 192
_	that I last saw h wer alive on June 20 , 1970
n	and that death occurred on the date stated above, at 6-30 P-m
3.	The CAUSE OF DEATH * was as follows:
-	I think for Grebal Henowhage
	apopley
	(Duration)yrsmosds
<b>→</b>	Contributory Secondary
_	(Signed) (Address) Sanfard Del
_	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Mesns of Injury and (2) Whether Accidental, Suicidal or Homicidal.
_	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	At place in the of deathyrsmosds, Stateyrsmosda
-	Where was disease contracted, if not at place of death?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Colverbury, Ind. July, 8", 1930
	ADDESS

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE

5 SINGLE. MARRIED. WIDOWED.
OR DIVORCED
(Write the word)

(Year)

6 DATE OF BIRTH

3 SEX

(Month) (Day)

7 AGE

IIf LESS tha 1 day hr

B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry

business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country)

L

AREI

Every Item of Infor CIANS should sta statement of OCCU

m

II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or Country)

OF MOTHER

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

If more branks are needed, address State Registrar, D6 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs). For persons who have no occupation busines, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Serrant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day (a) the kind of work and also (b) the Laborer--Coul minc, etc. Womnot gainfully em-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted te: n for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL peritonitis," etc. carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Debility" ("Congenital," "Senilc," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. (secondar; or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; American Medical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy." "Collapse." "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY 'name origin; "Cancer" is less definite; avoid by Committee on Nomenchature Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, y classified Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME is-stead of street and properly class number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SFX 4 COLOR OR RACE 16 DATE OF DEATH CMARRIED. be may be n back WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from that (Day) (Month) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at. I day hrs. The CAUSE OF DEATH \* was as follows: B OCCUPATION (a) Trade, profession or particular kind of work pia (b) General nature of industry businesa, or eatablishment in UNFADING (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 92 (Address) 11 BIRTHPLACE OF FATHER ENT \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER ol dcath (State or Country) 0 Where was disease contracted, if not at place of dea.h? Former or usual residence CIANS s statemer (Addreas) 20 UNDERTAKE If more bianks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more receive a laborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on yrs). For persons who have no occupation (a) the kind of work and also (b) the But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "(Exhaustion," "Heart failure," Haemorinage, "Thanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease ," "Coma," "Convulsions, affection need not be etc. The contributory valvular heart disease;

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	PLACE OF DEATH	05508	STATE OF MARYLAND
	County Dorchester		CERTIFICATE OF DEATH
	hear con	(3)	Registration Dist. No. 110
Vi	2FULL NAME Charlie Mr.	hidro	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
7	SEX  4 COLOR OR RACE  SINGLE, MARRIED, WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH	Mouth 27", 1930 (Year)
6	DATE OF BIRTH  (Month) (Day) (Year)	17 May 2 that I last law h	Y CERTIFY, That I attended the deceased from Si9230 to May 27, 1930 welve on May 27, 1930
7	AGE    AGE   If LESS than   I day hrs. or min.?		TH * was as follows:
1	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)		(Duration) yrs. mos Z ds.
9	BIRTHPLACE (State or country)	Contributory Secondary	reference of the state of the s
	10 NAME OF Stamstury Michols	(Signed)	O (Address) Fleshalslow
STN	11 BIRTHPLACE OF FATHER (State or country)	State the I	Disease Causing Death, or, in deaths from
ARE	12 MAIDEN NAME	18 LENGTH OF R	ESIDENCE (For ilospitals, Institutions, Trans-
С.	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrs	mosds. In the Stateyrsmosds.
14	(Informant) Roumand Mchale	if not at place of der Former or usual residence	AL OR REMOVAL DATE OF BURIAL PRILMS AND MAN 29." 1930.
15	Filed may x 02 980 Robert L Hoslings	2D UNDERTAKERS	flow & Son Tederals rure
	If more branks are needed, address State Registra	r, W. Saratoga St.,	Bulto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Coals Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material engineer, Stationary fireman, etc. But in many occupation at beginning of illness. If retired from or At Home, and children, not gainfully em-For many occupations a yrs). Farm laborer; Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation single word or term on (b) Grucery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

> Was fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature "Urnemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicularia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ethaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar/ or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under Whooping Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, interstitial nephritis, 'name origin; "Cancer" is less definite; avoid cough; Chronic Example: Measles (disease valvular heart disease; etc. The contributory

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No (If death occurred in Ward) a hospital or institution, give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. (2) Whether 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

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> use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus, VILLES" when a definite disease "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Mcasles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; " "Marasmus, " "Old Age, " "Shock," Committee on Nomenclature Chronic affection need not be etc. valvular heart The contributory death

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PLACE OF DEATH County Consider ter	05509 STATE OF MARYLAND CERTIFICATE OF DEATH
104	Registration Dist. No.
Village or City rear Cellwood (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Black Single, Married, Wildowed, Married (Write the word)	16 DATE OF BEATH 20 , 1980
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw har alive on 1950,
7 AGE  If LESS than I day hrs or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	apleyet.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsds.
(State or country) Mary band  10 NAME OF FATHER House Tews),  11 BIRTHPLACE	(Signed) (Address Keulock M. D.
OF FATHER (State or country) Mary land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Matelda Johnson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Mary land	At place of death yrs mos. ds. State yrs mes. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) John Nichols (Address) Kurlook myd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Acres Page 18 22 May 2 (1930)
15 Filed May 21 13d Mis N. 7. Necols	20 UNDERTAKER LADDRESS FULLOCK
If more bianks are needed, address State Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tircd 6 yrs). state occupation at beginning of illness. If retired from work, whatever, write Nonc. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseer," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Foreman, (b) Automobile factory. The material or At Home, and children, For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salcsman. without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons If the occupation has been changed who have no occupation not gainfully em-(6) persons en-Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus,
"Traemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," approved tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondar: or intercurrent) affection need not be Whooping cough; Examples: Accidental drowning; Struck by railway train Recommendations on statement of cause of "Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi interstitial nephritis, by Committee on Nomenclature Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

¥. 9

EVERY Item of Information should be carefully supplied. ACE should be stated EXACTLY PHYSICIANS should statement of OCCULATION is very important. See instructions on back of certificate. ORD PERMANENT BINDING MARGIN RESERVED FOR NLT, WITH UNFADING INK--THIS IS

N. ES.

	01997
PLACE OF DEATH	04237 STATE OF MARYLAND
County Drichester	CERTIFICATE OF DEATH
WITHIN FORMS / /vi	Registration Dist. No. //6
Village or City Warntridge (No. 101	test End Avest .: Ward) a (If death occurred in a hospital or institu-
6, 2/	tion, give Its NAME in stend of street and
2FULL NAME Odward 16.	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLORYOR RACE 5 SINGLE, MARRIED, Married.	16 DATE OF DEATH While 9, 1930
Male White OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Sed. 6 1849	hab at all 192 to 192,
(Yonth) (Day) (Year)	that I last saw have alive on Mily 25 , 1922,
7 AGE IFLESS than	and that death occurred on the date stated above, at 2.20 Am.
80 yrs. mos. 3 ds. or min.?	The CAUSE OF DEATH * was as follows:
ROCCUPATION	Certail Hemorhege
(a) Trade, profession or Paulor	
(b) General nature of industry business, or establishment in	12 la
which employed or (employer)	(Duration) yrsmos 12 2 des
9 BIRTHPLACE (State or country)	Contributory Secondary
Maryland	(Duration)
TO NAME OF FATHER CONTROL OF FORTH	(Signed) M. D.
IN 11 BIRTHPLACE	(Address) (Chumbys 142
OF FATHER  (State or country) Manyland	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER PRACELLA Jankey	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country) Manyland	of death yrs description de. State yrs de. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	il not at place of dea h?
me In South J. Cannon	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Vam mage Ma	Cambridge Ma April 10,010, 30
15 Filed afr 9 1930 Ellogg	20 UNDERTAKER
Registrai	VIVO. MILLON TENS. Wampungen
If more blanks are needed, addra.s Ltate Megistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. tion applies to each and every person, irrespective ci Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Dinhiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia");

approved by Committee on Nomenclature "(E.haustion," "Heart Langue," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY ChronicExample: Measles (disease etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH stated EXACTLY, I properly classified of certificate. Registration Dist. No. STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. pe WIDOWED. OR DIVORCED may (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than and that death occurred on the date stated above, at 7 AGE supplied. in terms so See instruc I day hrs. The CAUSE OF DEATH \* was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work pla (b) General nature of industry business, or establishment in which employed or (employer). Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) DA (Durstion) F CE DO 10 NAME OF (Signed) Shoul 0) 11 BIRTHPLAG I is see Causing Death, or, in \*State the RENT SO Z ation Violent Causes, state (1) Means of Injury and (2) Whether AU. Accidental, Suicidal or Homicidal. NGTH OF RESIDENCE (For Hospitals, Institutions, Trans-K ients or Recent Residenta) 13 BIRTHPLACE In the At place OF MOTHER WO of death .....yrs .......... mos ........ ds. (State or Country) 0 Where was disesse contracted. should it not at place of dea h?. Former or Every item CIANS sho statement usual residence BURLAL OR REMOVAL 19 PLACE UNDERTAK If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. ho. 1.

(If death occurred in a hospital or institution, give its NAME Is -stend of street and

OF BURIAL

DATE

number.)

(Approved by U. S. Census and American Fublic Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. "As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, worked on may form part of the second statement. Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer—Coal mine, etc. Wom-Compositor, Cotton mill; (a) (b) Automobile factory. The material (a) the kind of work and also (b) the Architect, Salesman, (b) Locomolive engineer, Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meninatis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "E haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, st\_ted unless important. Example: Measles (disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Chronic interstitial nephritis, tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory valvular heart disease; not be

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V. S. No. 1

C	PLACE OF DEATH	14935	STATE OF M	
	141	(113)		ist. No.//6
Villag	2FULL NAME agues Opher		St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME ir- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE O	F DEATH
Finale Col, Single, MARRIED, WIDOWED. OR DIVORCED Wifart		16 DATE OF DEATH	Dreim ber	/7", 19:30 (Day) (Year)
6 DAT	September 122, 1929 (Month) (Day) (Year)	17 I HEREBY	CERTIFY, That I atte	Number 1, 1923 12.
7 AGE	lf LESS than I day hrs. or min.?		red on the date stated: "H * was as follows: Taro Co	above, at 11 Pm.
(a) part (b) busi	Trade, profession or circular kind of work  General nature of industry iness, or establishment in ch employed or (employer)		(Duration)	yro. Due moo 17 de.
9 BIR	O NAME OF GOLD OF COLORS CO. Mid	126	Duration)	yrsds.
13	BIRTHPLACE OF FATHER (State or country) Art cluster lo, Md		(Address) Death, ate (1) Means of Injury Homicidal.	or, in deaths from
PA	of MOTHER Minnie Dy on		SIDENCE (For Hospita	als, Institutions, Trans-
1	OF MOTHER (State or country) Dorolustes Co. Mid	At place of deathyrsm	racted.	yrsmosds.
	(Informant) alfred Officer	if not at place of deat Former or usual residence		DATE OF BURIAL
	(Address) Madison, Md.	Moden		Dec 9, 1930
I5 Fi	iled Dec 19 1932 ERWY Registrar 1	oudertaker oudertaker	elexander	Level beek
	If more blanks are needed, address State Registrar	r, 16 W. Saratoga St., I	Balto., Requesting V. S.	No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, er," etc., Never return" Laborer,""Foreman,"" Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) without more precise specification as Day Compositor, Architect, Locomotive engineer, who are engaged in the duties of the (b) Automobile factory. The material not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Cyoup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia, "(Exhaustion," "Heart failure," "Inamition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important Example: Measles (disease approved by as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perllonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature Chronic valvular heart disease; chopneumonia (secondary), etc. The contributory Always qualify all not be

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V. S. No. 1

PLACE	OF	DEATH	
C. C.	O1	1	
County P	المراه	ducter	

TH-O

14936

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. Description

Village or City Madison (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Unfant Ofher	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) Die (Day) 28di (Year) 1930
December 26 1930	17 I HEREBY CERTIFY, That I attended the secessed from  Die 1 Por 1980. to Die 16 7 1980, that I last saw h My alive on Presulty 26 7 1980,
7 AGE (Month) (Day) (Year)  7 AGE (If LESS than I day / hrs. mos/ 42/2/200 or min.)	and that death occurred on the date stated above, at that Am.  The CAUSE OF DEATH * was as a lilews:
occupation (a) Trade, profession or Juf aut particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer) suffact.  9 BIRTHPLACE (State or country) Dorchester la Med	Contributory Secondary  (Duration)  yrs. mosds.
10 NAME OF FATHER John Mr. Ophler	(Signed) N, 20, 73 putfix euro M. D.
OF FATHER (State or country) Dor dux les los Mod	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Maggee Chaters	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Dorolesles lo. Med	At place In the of death yrs mos ds. State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant)	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DELL 9, 1939
15 Filed See. 29 1921 ElWalf	20 UNDERTAKER ADDRESS Church Church Church Church

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary froman, etc. But in many cases, especially in industrial employments, it is necesgaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: (a) whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, For many occupations a single word or term on Farm laborer, For persons who have no occupation (b) Automobile factory. The material Laborer--Coal minc, etc. not gainfully em-6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. American Medical Association.) approved as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway traintaken. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," (secondary use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., o Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY by or intercurrent) affection need not be Committee on Nomenclature chopneumonia (secondary), Measles;

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V. S. No. 1

PLACE OF DEATH	14937 STATE OF MARYLAND
County Northester	CERTIFICATE OF DEATH
	Registration Dist. No. //O
Village or City Galaslow (No.	St.: Ward) (If daath occurred in a hospital or institution, give its NAME in-
2FULL NAME Odwin J. Od	Stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Holor or RACE SINGLE, MARRIED Married OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH  May 23 , 1856  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930 to Dec (6, 1930, that I last saw h Maliva on Dec (5, 1950,
7 AGE  TA yrs. 6 mos. 2 A ds. or min.?	. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yre. mos/4 de.
9 BIRTHPLACE (State or country) (EMM,	Contributory Municipal Secondary (Duration) yrs mos d. ds.
10 NAME OF FATHER Shu & Osler	(Signed) 1 192 (Address) Thurstown had.
OF FATHER (State or country) Sense	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER SAME Phyres	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- iants or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not st place of death?
(Informant) Amnie 1, Jaker.	usual residence
(Address) SEaford, DEL R.S.	Galastown DEC 18, 1934
Filed Acc 18 1920 Y Tr Hastings	20 UNDERTAKER ADDRESS Sharptown
If mora bianks are needed, address Stata Ragistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from er," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on man, (b) Automobile factory. The material For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonilis," diseases resulting from childbirth or miscarriage as atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature or intercurrent) Chronic valvular heart disease; etc. The contributory affection need not be ctc. , 01

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

MARGIN RESERVED

PLACE OF DEATH County	13752 STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist, No. 115
Village or City Tinhama Solu William	St: — Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH W
6 DATE OF BIRTH  (Marth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920 to 1920 to 1980 that I last saw him alive on MIV. 2. 2. 1980
7 AGE  1 H LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or Boat Carpenter particular kind of work	Caumma y Kectum
(b) General nature of industry (business, or establishment in which employed or (employer)	(Durstion) 2_yis, 9 mos 0 ds.
9 BIRTHPLACE (State or country) Tisling Ceck, mg	Secondary  [Duration]ds.
11 BIRTHPLACE OF FATHER  10 NAME OF Shomes Perku	(Signed)
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Hemicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)	ients or Recent Residents)  At place In the of deathyrsmosds.  Where was disease contracted,
(Informant) Fillil Tiller	if not at place of dea h?  Former or usual residence
(Address) Jishing real, m. A.	holing reek, me hv. 23, 1930
Filed M. 22 1920 ang S. Meaces	granviles Seconfeer Cambridge ma
If more banks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer—Coal minc, etc. Wom-en at home, who are engaged in the dutics of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed ployed, as definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. report specifically the oecupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day At school, or At home. Care should be taken For persons who have no occupation (b) Automobile factory. The material As examples: (a) (3) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same diserse. Examples: Cerebrospina to time and eausation), using always the same accepta-EA. 2 CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis pneumonia, Bronchopneumonia ("Pneumonia,

> American Medical Association.) "Uraemia," "Weakness," etc., whon a definite disease approved by Committee on Nomenclature diseases resulting from ehildbirth or miscarriage as "Puerperal septicacmia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles, tetanus) may be stated under the head of "contributory." as fracture of skull, and eonsequences (c. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State eause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease Chronic etc. The contributory valvular heart disease;

answered in detail, it will prevent further correspondence. data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and a l qu stions All the

permanently filed.

PERMANENT BINDING MARGIN RESERVED FOR

)		PHYSI-	
	CORD	EXACTLY,	lificate.
	WRITE F. INLY, WITH UNFADING INKTHIS IS PERMANENT CORD	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should std. CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	statement of OCCU. ATION is very important. See instructions on back of certificate.
	S IS PEI	d. ACE she s so that it	tructions or
	INKTHI	fully supplie	int. See ins
	UNFADINC	uld be care	very import
	CY, WITH	mation sho	ATION IS
	E F	m of infor	nt of occu.
	WR	SEvery ite	statemer
		- E	

V. S. No. 1

1PLACE OF DEATH	12398 STATE OF MARYLAND
County Douhista	CERTIFICATE OF DEATH
SITHIR CORPORATE LIMITS OF	Registration Dist. No. //6
Village or City Cambridge Mc (No.	St.: Ward) (If death occurred in a hospital or Institu-
2FULL NAME William Gran	nt Parks stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH OLL 7, 1930
6 DATE OF BIRTH  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Oct. 5 1930 to Oct. 7 1930 that I last saw here alive on Oct. 7 1937
7 AGE    Syrs.   Times. 25 ds.   If LESS than   I day hrs.   or min.?	
(a) Trade, profession or particular kind of work  (b) General nature of industry  business, or establishment in	(Duration) yrs. mos. ds
which employed or (employer)  BIRTHPLACE (State or country)	Contributory Diabeto + Vals. Heat Driver Secondary (Duration) 75. mos. ds
10 NAME OF pm. a. Parks	(Signed) — ElWelf M. D. Oct. 8 1920 (Address) Cambridge. Md
OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Dayant, Brakkume	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
(Informant) The Potential Trade	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) Cambridge MA  15 Filed Oct. 8 1971 Effether Registrar	20 UNDERTAKER & Albangh Cambridge to
If more bianks are needed, address State Registra	er, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locamotive engineer, household only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coul mine, etc. without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (6) The ques-Grocery;

Statement of Cause of Death—Name, first, the disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup,"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

1830-8-20 25

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Meosles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sorcoma, etc., of approved by (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc can be ascertained as the cause. Always qualify all "Exhaustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; Chronie Chronic interstitiol nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway troin-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Committee on "Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. Nomenclature The contributory

If this certificate is looked over thoroughly and al questions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

W18	PLACE OF DEATH  County Drochester  BERPORATE LIBITE OF (No	Abspit of St .: Ward	OF DEATH Dist. No. // 6
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 5	Went Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  Ouf.  (Month)	
6 1	DATE OF BIRTH  Oug 6 , 1939  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I att	tended the deceased from , 192
80	Decly's brown mos. ds. or min.?  OCCUPATION (a) Trade, profession or operticular kind of work		
7 P	(b) General nature of industry  ousiness, or establishment in which employed or (employer)	Contributory Secondary	y18,da
STN	10 NAME OF FATHER John Threng Parks  11 BIRTHPHACE OF FATHER (State or country)	(Signed) (Address) (Address) (Address) (Parthy Violent Causes, state (1) Means of Ir	or, in deaths from a deaths from a deaths from the state of the state
PARE	12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospi ients or Recent Residents)  At place In the	tals, Institutions, Trans
14	(Informant) Am. Every Parks  (Address) Cambi dy Med	Former or usual residence	DATE OF BURIAL  ALL  ADDRESS
1.07	6/4/./01.	20 UNDERTAKER	ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

Orderly at Hoft

Cambidge, hel

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Scrvaul, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foremon, (b) Automobile factory. The material whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the -Coul mine, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: \*Cerebrospinal\* fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); \*Diphtheria (avoid use of "Croup"); \*Typhoid fever (never report "Typhoid Pneumonia"); \*Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; Bronchopneumonia (secondary), tclanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonihis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Exhaustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (mercly symptom-Chronic interstitiol nephrilis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by roilwoy troin-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Chronic volvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred In a hospital or institu-Ward) tion, give its NAME in stead of street and <sup>2</sup>FULL NAME number.) PERSONAL AND STATISTICAL HARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) (Day) (Year) 6 DATE OF BIRTH I HEREBY CERTIFY. That I attended the decessed from (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, I day hrs. The CAUSE OF DEATH \* was as follows: ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed). 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal, 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place of death... In the OF MOTHER (State or Country) Where was disease contracted. if not at place of dea.h?.. Former or usual residence If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. first line will be sufficient, e.g., Farmer or Planter, sician, Compositor, Archited, Locomotive engineer, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womyrs). For persons who have no occupation without more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

BURRAU

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease Whooping cough; as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.-Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCC. ATION is very important. See instructions on back of certificate. CORD PERMANENT MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS

V. S. No. 1

	PLACE OF DEATH  County Coccupier  Village or City Villiams Pring:  2FULL NAME Seocge Edwo	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. //O  St.: Ward)  (If death occurred in a hospital or institution, give its NAME is steed of street and number.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 2	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 5 25", 1930
e	(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920 to 7 1923 that I last saw halive on 11 2 3 1923 that I last saw halive on 11 2 3 1923 that I last saw halive on 12 4 2 5 1923 that I last saw hali
	HT yrs. 9 mos. 29 ds.   If LESS than   day hrs. or min.?	and that death occurred on the date stated above, at 0-15 Rm. The CAUSE OF DEATH * was as follows:
13	(a) Trade, profession or particular kind of work	celule Mystadeles
10	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos ds.
9	BIRTHPLACE (State or country)	Contributory Secondary Secondary Quarter Quart
	10 NAME OF Joseph M. Paul	(Signed) M. D. 2127 (Address) Fed Als M.D.
1	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Volent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
20	of MOTHER Savay Travers Ford,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	(Informant) Blanche Mr. Paul,	usual residence
	(Address) Williams burg, Md.	Federals burg Irid, Feb. 28", 1,30
11	Filed Feb 27 1930 Robert L Hashings	20 UNDERTAKERS 1 Sou He devals lung
	If more branks are needed, address State Registrar	16 W. Saratoga St., Aalto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specimeanum as any laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Physician, Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Compositor, (a) the kind of work and also (b) the Architect, Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> letanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condiby Committee on Chronic affection need not be etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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11 BIRTHPLACE

OF FATHER

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE

OF MOTHER

(State or country)

(State or Country)

BEST OF

RENTS

PA

15

PLACE OF DEATH	12399 STATE OF MARYLAND
County Darens	CERTIFICATE OF DEATH
	Registration Dist. No. 115
Village or City to Clane	St: Ward)  (If deeth occurred in a hospital or Institution, give its NAME issteed of street end number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9 SEX 4 COLOR OR RACE SINGLE. MARRIED. 2 WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH C. 24, 1980
6 DATE OF BIRTH  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920. to Ch. 7, 1920.  that I last saw ham alive on Ch. 7, 1920.
7 AGE	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	Danke 3 dententimen
which employed or (employer)	Contributory Branch & Menny de
(State or country) Many and	(Duration) yrs
10 NAME OF FATHER & over Clevel and Paul	(Signet) amo & Mass. M. D.

18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place of death ....

In the

\*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether

State.

Hospitels, Institutions, Trans-

Where was disesse contracted, if not et place of dea.h?

Former or usuel residence.

Accidental, Suicidal or Homicidal.

DATE OF BURIAL

ADDRESS

If more b.anks are needed, addre.s Ltate Kogistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registras

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (0) additional line is provided for the latter statement; it whatever, write Nonc. tired 6 yrs. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed g. ged in domestic service for wages, as Servont, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Piysician, ." etc., or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, without more precise specification as Day Compositor, Architect, Locomotive For persons who have no occupation Laborer-Coal mine, etc. Wom-(6) engineer,

Statement of Cause of Death—Name, first, the Distant Cause of Death—Name, first, the Distant Cause of Death—Name, first, the Distant Cause of the primary affection with respect to time and causation, using always the same accepted team for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid facer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid - probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Enhaustion," "Heart lauure, Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJULY "Debility" ("Congenital," Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitiol nephritis, cough; "Heart failure," "IIaemorrhage, Chronic valvular heart diseose; etc. The contributory "Dropsy,

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH County Dauhrelm	O4238 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Amhala meleno.	Registration Dist. No.
2FULL NAME Kathlun	St.: Ward) (If death occurred in a hospitul or institution, give its NAME isstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Junil White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Office 30, 1920  (Month) (Day) (Year)
6 DATE OF BIRTH  Max  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1924 to 30, 1924, that I last saw h alive on 1944 at all 192, 192,
7 AGE    If LESS than   dayhrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
B OCCUPATION  (a) Trade, profession or particular kind of work	accidental Sufficients
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF PARILY FATHER  11 BIRTHPLACE	(Signed) John M. D.  430 1920 (Address) Assiling M.
Z (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Rallin Panl	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Anhan Edgre (Address) Cambridge Med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Spir So 1923 & E. Wolf Begistrar	20 UNDERTAKER ADDRESS Lank & Albangh Campady md
If more banks are needed, addre.s Ltate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Exhaustion," "Heart Imure,
"(Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-Whooping cough; American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V & No. 1

PLACE OF DEATH	6399 STATE OF MARYLAND
County Lorchester	CERTIFICATE OF DEATH
Leavisian.	N-C) Registration Dist. No. // O
Village or City While Lambins (No. 2FULL NAME Sorrole Strance	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jernale, Write Single, Midowed Jordanied (Write the word)	16 DATE OF DEATH 2 7 1920 (Year)
6 DATE OF BIRTH  Wareh, 26", 1856  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 25-1950 to 9000 26, 1950 that I last saw hay alive on 9000 26, 19250
7 AGE  1 If LESS than 1 day hrs. or min.?	
(a) Trade, profession or House - work  (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsds
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration) yrs. mos. ds.
FATHER Henry C. Lord;	(Signed) M. D.
II BIRTHPLACE OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Thany Carroll,	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) Rosells M. Paul	Former or usual residence
(Address) Williamshing Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AM. 219", 193.0
15 Filed Jan 19 1931 Robert & Hastings (Registras	20 UNDERTAKERS SON DEDERALSTURG
If more blanks are needed, address tate Negistral	r, 16 W. Saratoga St., Vulto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to cuch and every person, irrespective ef cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Locomotive engineer, (6)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosainal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childhirth or misearriage as "Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomst\_ted unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and eonsequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the eause. eausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart Example: Measles (disease etc. The contributory Always qualify all not be disease;

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH EXACTLY, P Registration Dist. No. If death occurred in St: Ward) a hospital or instituilon, give its NAME in--umber.) certifi PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH stat 0 16 DATE OF DEATH 3 SEX SINGLE. MARLIED. OK WIDOWED OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased from BINDING 6 DATE OF BIRTH that (Month) (Day) (Tear) and that death occurred on the date stated above, at .... 0 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day ... . hrs. terms 99 8 OCCUPATION ESERVED (a) Trade, profession or arefully sin plain particular kind of work. ATH in pla (b) General nature of industry business, or establishment in which employed or (employer)..... 9 BIRTHPLACE Secondary æ (State or country) MARGIN (Duration) .....yrs. .....mos..... P DE · DE/ 10 NAME OF (Signed) FATHER 0 山田 11 BIRTHPLACE \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal H OF FATMER 50 0 Z (State or country AR 12 MATDEN NAME 0 OF MOTHER 18 LENGTH OF RESIDENCE (For Mospitals, Institutions, Transients, or Recent Residents) 13 BIRTHPLACE In the At place E 000 OF MOTHER of death .... vrs. mos..... da. State.....yrs..... mos. 0 (State or country) 0 Where was disease contracted, of if not at place of death?... IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Every item ClANS short Former or usual residence.... 19 J LACE OF BURIAL OR KEMOVAL DATE OF BURIAL 20 UNDERBAKI " more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto. Requesting V. S No. 1

(Approved by U. S. Ceusus and American Public Health Association.)

ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician. Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of capation is very important, so that the relative health state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foremen. (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many fulness of various pursuits can be known. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed whatever, write None. Statement of Occupation -- Precise statement of oc-For many occupations a single word or term on without more precise specification as Day The ques-

Ease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphiheria (avoid use of "Cronp"); Typhoid fever (uever report "Typhoid pnenmonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia")

conditions, such as "Asthenia," "Anaemia" stated unless important. Example: Measles (disease use of "Tumor" for mallgmant neoplasms); Measles; mycs, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menean be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure." "Haemor symptomatie), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nophritis, etc. The contributory ......(name origin; "Cancer" is less definite; avoid quences (e.g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"PUERPERAL septicuemia." "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease vulsions," Whooping cough; Chronic valvular heart disease; ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Nomenclature of the American Medical Association.) FOR VIOLENT DEATHS State MIKANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendations on state-Struck by railway (second-(merely

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Exact

	1PLACE OF DEATH	
	County Alchesler	
V   T	IN CORPORATE LIMITE OF	
Vil	lage or City Mhuly (No. Med	
	2 FULL NAME LIVE from	u
	PERSONAL AND STATISTICAL PARTICULARS	
3 5	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, With the word)	16 DA
IJ.	DATE OF BIRTH	17
	Moul8 1885	h
	(Month) (Day) (Year)	that I
7 A	If LESS than	and th
	38 yrs. 10 mos. 3 dds. ormin.?	The C
8 0	CCUPATION	1
(;	a) Trade, profession or Australia work	·
Vo	b) General nature of industry	***********
	usiness, or establishment in	
-	BIRTHPLACE	Con
	(State or country)	
	10 NAME OF	Signed
	FATHER Jahn Samley	41
TS	11 BIRTHBUACE OF FIHER	
RENT	(State or country)	Vio Acc
<	OF MOTHER	18 LEI
0	13 BIRTHPLACE	ient
	OF MOTHER	At plac
	(State or Country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where if not
14	CA I I THE TO THE BEST OF MIT KNOWLEDGE	Former
	(Informant) disolving Standy	usual re
	(Address) Bucktown Ichde	AS PLA
	(Figure 600)	43/1

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME is stead of street and number.) MEDICAL CERTIFICATE OF DEATH 6 DATE OF DEATH I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above. he CAUSE OF DEATH \* was as follows: (Durstion) Contributory (Address) \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. Hospitals, Institutions, Trans-

R LENGTH OF RESIDENCE (For ients or Recent Residents) t place In the f death ...

Where was disease contracted, not at place of dea.h?

31

aual residence

Secondary

20

If more banks are needed, addre.s Ltate Registrar, I6 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more precise specimeanur us laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Housemaid, etc. If the occupation has been changed For many occupations a single word or term on yrs). For persons who have no occupation Compositor, npositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many (a) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the DISAE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of atic), "Atrophy," "Collapse," "Coma," "Convulsions, (secondary or intercurrent) or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), by Committee on cough; Chronic valvular heart etc. The contributory affection Nomenclature of the need not be disease;

If this certificate is looked over thoroughly and all questions enswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	1/1022
PLACE OF DEATH	STATE OF MARYLAND
A Sasheda (	
County	CERTIFICATE OF DEATH
WITHIN BORPERATE CHATE OF	Registration Dist. No. //6
1/ genning Jane	Daniel & Till (If death occurred in
Village or City (No.	a hospital or institu- tion, give its NAME in-
Cf -11 - 1 - 1 - 0	tend of street and
2FULL NAME of 4 rac 1/2 ac	Our Elisa (Mrry humber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MARRIED, WIDOWED, ALL	1000
fland Calaborate (Write the word)	(Month) (Day) (Year)
	I HEREBY CERMEY, That Mattended the deceased from
6 DATE OF BIRTH	Nec 10 114238 Dec 25 , 19/2
Dont Run, 1	
(Month) (Day) (Year)	that I last saw h calive on 1
7 AGE JOCA TO B IFLESS than	and that death occurred on the date stated above, atm.
I day hrs.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or	
particular kind of work 17000 Mark	
(b) General nature of industry	3.
business, or establishment in which employed or (employer)	(Duration) yre, mos de.
	Contributory /
9 BIRTHPLACE (State or country)	Secondary
1/VV	(Dyation) mos mos deds.
10 NAME OF 10 + 6	(Signed) M. D.
d'ant fun	Weston 188 Kid Healand 9 ( Tol)
O OF FATHER	*State the Disease Causing Death, or, In deaths from
Z (State or country) the www.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
C 12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
of MOTHER	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place in the State was mes de
(State or Country)	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	Former or usus! residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	2. 100 to 00. 1 2
(Address)	Sither Comelly you. 1. 195
15 _ O 1 12/ 6 6 9/1/4/01	20 UNDERTAKER
Filed fin.   10/ C. P. Winter	Lewis (Jamenm Vanbridge)
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balty., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, nature of the business or industry, and therefore an additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Scruml, Cook, to report specifically the occupations of persons enployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, household only (not paid Housekeepers who receive a Foreman, cugineer, For many occupations a single word or term on or At especially in industrial employments, it is neces-1/78 i. Farm laborer, Laborerthat fact may be indicated thus: Farmer (ye-(b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Locomotive engineer, Home, and children, who are engaged in the duties of the Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the If the occupation has been changed -Coal mine, etc. person, irrespective of not gainfully em-6 The ques-Grocery; Wom-

Statement of Cause of Death—Name, first, the DEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilaria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mon-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as "Exhaustion," "Debility" ("Congenital," tions, such as "Asthonia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopncumonia (secondary), approved by Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. (secondary Whooping cough; inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) affection need Committee on ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic valvular heart disease; ctc. Nomenclature Always qualify all The contributory "Dropsy, Measles not be

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Exact

	PLACE OF DEATH County Or Chulin	6
Vil	lage or City army RFD. (No	
	2FULL NAME Julity June	1
	PERSONAL AND STATISTICAL PARTICULARS	1
3 5	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	
6 0	DATE OF BIRTH	1
	(Month) (Day) (Year)	
7 A	yrs. 3 mos. 17 ds. or min.	+
) (l	a) Trade, profession or articular kind of work  b) General nature of industry usiness, or establishment in which employed or (employer)	
	10 NAME OF FATHER A WILLIAM PLANS	
RENTS	11 BIRTHPLACE OF FATHER (State or country)	
⋖Ⅰ	12 MAIDEN NAME Sily Stanly	
٩	13 BIRTHPLACE OF MOTHER (State or country)	
14 1	(Informant)  (Address)	
15	- M. 11 P. Slivales	1

13753

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.//6

	registration		
٥.	***	 (If death	occ

St.: Ward) (If death occurred In a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE	E OF DEATH
16 DATE OF DEATH	15 , 1930
(Month)	(Year)
17 I HEREBY CERTIFY, That I at at all 192 to	
that I last saw halive on	192
and that death occurred on the date state. The CAUSE OF DEATH * was as follows:	ted above, atm
Buston Enterch	· · · · · · · · · · · · · · · · · · ·
	······································
(Duration)	yrs. mos. ds.
Contributory Maluntula Secondary	
(Durstion)	yrsda
(Signed) Selection (Address) Can	eff F.R. M. D.
*State the Disease Causing Deat Violent Causes, state (1) Mcans of Accidental, Suicidal or Homicidal.	th, or, in deaths from Injury and (2) Whether
18 LENGTH OF RESIDENCE (For Hosients or Recent Residents)	pitals, Institutions, Trans
At place of deathyrsmos,ds,	the Stateds
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Powerttim Mil.	Mr. 16 , 19 3
20 UNDERTAKER	ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise special minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it whatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many (a) the kind of work and also (b) the Locomotive engineer, Grocery,

s; inal meningitis"); Diphtheria (avoid use of "Croup!); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrosping Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accent-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis Lobar pneumonia, Bronchopneumonia ("Pneumonia,

> telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underatic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. :hopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol diseases can be ascertained as the cause. Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic etc. valvular heart Always qualify all The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence.

permanently filed.

B.-Every item of information should be carefully supplied. ACE chould be stated EXACTLY, Pliyal-CIANS should ELL CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCULLY, FION is very important. See instructions on back of certificate. ORD PERMANENT BINDING MARGIN RESERVED FOR KET, WITH UNFADING INK-THIS IS

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	PLACE OF DEATH County Dorchustus	07982 STATE OF MARYLAND CERTIFICATE OF DEATH
	WITHIR COMPONATE LIMITS OF	Registration Dist. No.
	Village or City Cambridge (No.	Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and numbers)
	<sup>2</sup> FULL NAME / formy for 1	rumpa
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED divorced (Write the word)	16 DATE OF DEATH (Month) (Day)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decease from
	(Month) (Day) (Year)	that I last saw h alive on 1921,
	7 AGE  S OCCUPATION  B OCCUPATION	and that death occurred on the date stated above, at 9 77 m.  The CAUSE OF DEATH * was as follows:
	(a) I rade, profession or particular kind of work  (b) General nature of industry business, or establishment in	(Duretion)yrs,mosds,
and the second	which employed or (employer)	Contributory Secondary  Durstion
	10 NAME OF John 76. Phillips	(Signed) M. D. Cambridge MM. D.
	II BIRTHPLACE OF FATHER (State or country)  Maryland  12 MAINEN NAME	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
1	of MOTHER Meany MeseRins  13 BIRTHPLACE	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Thensients or Recent Residents)  At place of death was mos des State yes des des State yes des des des des des des des des des d
	(State or Country) relacy Card	Where was disease contracted.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence Academy at leanibudge) us
	(Adgress) Cambridge US	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL
	Filed 19 1930 MM Mauheus Registra	The Wellin & Gambridge &
	If more blanks are needed, addre.s tate Registra	r, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Houserwaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (6)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train diseases (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as Chronic etc. The contributory valvular heart disease;

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N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should str. CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCU-ATION is very important. See instructions on back of certificate. PERMANENT NEY, WITH UNFADING INK--THIS IS

BINDING

FOR

MARGIN RESERVED

PLACE OF DEATH	13754 STATE OF MARYLAND CERTIFICATE OF DEATH
WITHIN TORPORATE LIMITA	Registration Dist. No.
Village or City (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH "/ 1/20", 192 (Month) (Day) (Year)
6 DATE OF BIRTH  Oct 10, 1930	that I last saw h in alive on 192, 192,
7 AGE  (Month) (Day) (Year)    The second of	and that death occurred on the date stated above, at 10,45 HM. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yrs. mos. ds.
which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  - Very  - Very	Contributory Secondary  (Duration) yrs. mos. ds.  (Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  2	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(Informant) Celling Receipt	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Nov. 28 1930 Eswall Registrar	20 UNDERTAKER  ADDRESS  Country  May  May  May  May  May  May  May  M
If more bianks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, er," etc., Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Furmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemuid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. (b) At Home, and children, without more precise specification as Day For persons who have no occupation 6 Automobile factory. The -Coal minc, etc. not gainfully emmateria. Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria [avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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PLACE OF DEATH	04239 STATE OF MARYLAND
County Ducked - C	CERTIFICATE OF DEATH
	74-a Registration Dist. No. // 4
Village or City Late swill No.	St: Ward) (If death occurred is a hospit 1 or institution, give its NAME instend of atreet and
2FULL NAME Larah A. Mul	le pa
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Aleusle Record - (Write the word)	16 DATE OF DEALH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Conth (Day) (Yes	that I last saw h 21 alive on 2 3 . 198
7 AGE     FLESS than	and that death occured on the date stated above, at 17 - m
6 2 yrs. O mos. / ds or min.	
8 OCCUPATION	appropriate the second
(a) I rade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) yra, m ia de
9 BIRTHPLACE (State or country)	Contributory & Sucondary
(State or country) On chester Carry	(Duration) yre mos de
FATHER Jacob Coursh	(Signed) M. D. M.
OF FATHER Z (State or country)	* the Disase Causing leath, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Nellie Doub Core	/) LLNGTH OF RESIDENCE (For Lospitals, Institutions, Trans
13 CIRTHPLACE OF MO"HER (State or country)	ients or Recent Residents)  At place of deathyrsmosds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Thoy & Phillips	Former or usual residence
(Address) Lakeroice Red.	- Waslds End grangerd May 2, 1230
	2) UNDERTAKER ADDRESS
Filed Upril 30 19\$ 30 Has It & Consider Registra	Lewis H. Bayneum Cambridge
If more banks are meaded, addrugs State Registra	r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, et .. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc to report specifically the occupations of persons enplayed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laboreryrs). without more precise specification as Day For persons who have no occupation

Stateme t of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discuss. Examples: Carebrospinal fever (the only definite synonym is "Epidemic corebrospinal meningitis"); Diphtheria (avoid use of "Chopp"); Typhoid fever insport "Typhoid Pneumonia", "Lobar vneumonia Bronchopneumonia ("Pneumonia", "

inges, perilonaeum, etc., Curcinoma, Sarconsus, etc., of ...... (name origin; "Cancer" is less definite; zvoid "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, telunus) may be stated under the head of "contributory" carbolic acid-probably suncide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head—homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY by Committee on Nomenclature cough, Chronic Example: Measles (disease etc. valvular heart disease; The contributory Me sles death

PLACE OF DEATH County Dorchester	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. // 6	
/illage or City Cambridge (No. Eastern Shore	State Hospital St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male wite (Write the word)	16 DATE OF DEATH 192	
October 12, , , I 852 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from May 5, 1930 192 to November 10, 19230 that I last saw him alive on November 10, 19230 and that death occurred on the date stated above, at 5:30 Asm The CAUSE OF DEATH * was as follows:  Cerebral Arterio-sclerosis  About 3 yrs. (Duration) yrs. mos ds	
78 yrsmos28ds.   If LESS than   1 dayhrs. ormin.?		
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)		
OF FATHER (State or country) Delaware	(Signed)	
12 MAIDEN NAME OF MOTHER Miranda Gilbert  13 BIRTHPLACE OF MOTHER (State or Country) Delaware	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place Since May 5, 1930 In the State yrs mes de.	
(Informant) E.S.S.Hospital Records  (Address) Cambridge, Md.	Where was disease contracted, if not at place of death? Caroline County  Former or usual residence Federal sburg, Md.  19 PLACE OF BURIALOR REMOVAL  20 UNDERTAKER Caroline Co ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS	
If more branks are needed, address State Registrar	1. J. Warmen my	

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from Spinner, nature of the business or industry, and therefore an sary to know Civil engineer, Stolionory fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; farher (10) gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, (b) Automobile foctory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Loborer-(b) Cotton mill; (a) Salesman. without more precise specification as Doy For persons who have no occupation (a) the kind of work and also (b) the -Coal mine, etc. (b) The ques-Grocery, Wom-

Statement of Cause of Death—Name, first, the DICA
EASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perionaeum, etc., Corcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicacmia," "PUERPERAL peritonitis, "(Inanition," "Marasmus," "Old Age," "Shock," (Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping cough; approved by as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railwoy troinletanus) may be stated under the head of "contributory." American Medical Association.) Recommendations on statement of cause of FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature Chronic valvular heart etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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Every item of information of Should Statement of OCCUSE

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V. S. No. 1

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V	ORD	ACTIVE
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NDING	RMANENT	ould be stated EXACT! Y PHYSI.

PLACE OF DEATH  County  Village or City  2FULL NAME  PLACE OF DEATH  (No. 100)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. //6  St.: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street annumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH October 17, 1950  (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw har alive on Oct 6 , 1930
7 AGE  Star J mos. d ds.   If LESS than   I day	and that death occurred on the date stated above, at //oc Pm The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer).	(Duration) do
10 NAME OF FATHER JAM P. Meels  11 BIRTHPLACE OF FATHER (State or country)  (State or country)	(Signed) M. I.  Out 19 1980 (Address) Cauch dye M. I.  *State the Disease Csusing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)  At place of death
(Informant) S. E. Cleering (Address) Careline Me.  (Address) Salvery Me.  15 Filed Oct 1/9 1980 Salvery	if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS
Registrar	It he Campt cambridge Me

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it sary to know eupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every whatever, write Nonc. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foreman, (b) Automobile foctory. The material or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. (b) Collon mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (a) the kind of work and also (b) the person, irrespective of not gainfully em-(6) Grocery; Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospitual fever (the only definite synonym is "Epidemic cerebrospitual spinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicacmia," "PUERPERAL perdonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," atie), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as can be ascertained as the eause. Always qualify all "Exhaustion, American Medical Association.) approved by as fracture of skull, and eonsequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on "Heart failure," "Haemorrhage, Chronic valvular heart etc. The contributory Nomenclature not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSIC CIANS should start CAUSE OF DEATH in plain terms so that it may be properly chastified. Exact statement of OCC ATION is very important. See instructions on back of certificate. EORD PERMANENT BINDING MARGIN RESERVED FOR Y, WITH UNFADING INK--THIS IS

V. S. No. 1

PLACE OF DEATH	01593 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
WITHIN CORROLL	Registration Dist. No.
CURITY OF	0,1
Village or City (No. 2FULL NAME Secsie a Thee	St.: Ward)  St.: Ward)  (If death occurred In a hospitual or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  A COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Web. 18th, 1980 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
OeX 13 186/	, 192, 192,
(Month) (Day) (Year)	that I last saw halive on 192,
7 AGE [If LESS than	and that death occurred on the date stated above, at 120 m.
I day hrs.	The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.?	
8 OCCUPATION (a) Trade, profession or	infocult tel blooder
particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE	Contributory Uniferrum Of ful Ploy de
(State or country) med land	Secondary with lighting of Bledde
I 10 NAME OF	(Duration) yrsds.
FATHER The Manage	(Signed) M. D.
11 BIRTHPLACE	13 1930 (Address) Cambriet Mil
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Soul Class	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER TO A	At place of death yrs. mos. ds. ln the State yrs. mos. ds.
(State or country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mrs Gray acadras	usual residence
(miormant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	(Parlesson 11/1 21/3 30)
(Audiess)	celebrated of a
15 Filed Het 13th 1920 E EWolf Registrar	20 UNDERTAKER ANDRESS CAMPLE IN

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servent, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*laborer, Farm loborer, Laborer—Coal mine, etc. Women at home, who are engaged in the dutics of the er," etc., without more precise specification as Day should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Foreman, (b) Automobile factory. The or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. Compositor, Architect, Locomotive engineer, neer, Stationary fireman, etc. But in many (b) material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important inges, pertionaeum, etc., Corcinoma, Sarcoma, etc., ol American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Chronic Example: Measles (disease chopneumonia (secondary), valvular heart disease; etc. The contributory not be

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BINDING

MARGIN RESERVED FOR

V S No. 1

11		103	364	
	PLACE OF DEATH	100	STATE OF MARYLAND	
0	County Dorchester		CERTIFICATE OF DEATH	
	yienna, R.D.	(129)	Registration Dist. No. 112.	
Vill	age or City Fork heck (No.		St: Ward) (If d-ath occurred a hospital or institution, give its NAME i	u-
	2FULL NAME Charles ant	harry	Pinker stend of street ar	ıd
	PERSONAL AND STATISTICAL PARTICULARS	ME	DICAL CERTIFICATE OF DEATH	
35	Lale Color or race 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEA	September 3rd., 1930.192 (Month) (Day) (Year)	
6 D	ATE OF BIRTH Datelis and Now		REBY CERTIFY, That I attended the deceased fro	
	(Month) (Day) (Year)		im alive on August 21st., 1920	
7 A	GE [If LESS than	and that death o	occurred on the date stated above, at 10.15	n,
	yrs. // mos. ds. or min.?	Ourou	C Ottlers was 10116 WES Septritis	-
0	CCUPATION  Trade, profession or Z			
pa	articular kind of work	*****************		_
bı	o) General nature of industry usiness, or establishment in	***************************************	(Duration) 2 yrs. mos. d	ls.
1	hich employed or (employer)	Contributory	Cold Wet Exposure.	
9 8	(Ntate or country) Dorchester Co	Secondary	(Dogo) Lifetime	is.
	10 NAME OF Robert Pinder	(Signed) Side	pard & Lamben M.	D.
S	11 BIRTHPLACE		1930 (Address) Vienus, IId.	
LZ	OF FATHER (State or country) Dorchester Co.	*State the Violent Cause Accidental, Suid	e l'iscase Causing Death, or, in deaths from s, state (1) Means of lnjury and (2) Whether cidal or Homicidal.	
PAR	OF MOTHER Christianal Corsis		RUSIDENCE (For Hospitals, Institutions, Trans	lw-
	13 BIRTHPLACE OF MOTHER (State or Country)  Orchister Co	At place of deathyrs	In the State yrsmos	da.
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease	dea h?	
	(Informant) Jaseah a. Girder	Former or usual residence		
	(Address) Fork ruck	Fork rul	le Cemetery Left 7, 193	0
15	Filed 1930 192 Edward & Saus Registras	10,000	H. Clair Cambudg	R
-	If more banks are needed, addre.s Ltate Registra	r, 16 W. Saratoga	St., Balto., Lequesting V. S. Ivo. 1.	1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every person, irrespective cf tired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

BURRAU

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. approved as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid by Committee on Nomenclature Chronic Example: Measles (disease etc. The contributory valvular heart disease; Always qualify all not be

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(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken For many occupations a single word or term on Farm laborer, Laborer—Coal mine, etc. Wom-Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease;

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N. B.

	County De	W.M.56.M.56			oniu oniu o name			
Vi	lage or City	Drawl	ride	ge,		(No	a a a demony	-
	²FULL	NAME			Geo:	rges	nn	a Pink
	PERSONA	L AND	STAT	ISTI	CAL	PART	ICU	LARS
		Colo		ACE	OR	GLE, RRIED, OWED DIVOR	CED	dow.
5 1	DATE OF BIRTS		June	22 onth)	2nd.	(Day	)	., 1. <b>986</b> (Year)
7 4	GE							If LESS tha
		14 yı	s. 3	1	nos	0	d•.	l day hr
( D) ( b)	CCUPATION a) Trade, profesticular kind b) General natuuainess, or este	easion of of work are of in	r ndustry nt in	Но				l dayhr.
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( D) ( )	occupation a) Trade, profesticular kind b) General naturainess, or esta hich employed EIRTHPLACE (State or count	easion of of work ure of in ablishme lor (emp	r ndustry nt in	Но	user	wife Y L		or min.
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( D) ( )	occupation a) Trade, profesticular kind b) General natuainess, or esta chich employed ERTHPLACE (State or count 10 NAME OF FATHER	easion of work are of in ablishme or (emptry)  Edv  CE  country)	ndustry nt in oloyer)	Ho J	user	wife	1.Y	or min

Filed 9/22/30. 192 Edwar

10365

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 112 .

(If death occurred in

tt.	tion, give its NAME it stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH September 2	2nd.,19303
(Month)	(Day) (Year)
IT I HEREBY CERTIFY, That I at SEP 2 1 1030192 to SE that I last saw her alive on SEP 2	1 1930 192
and that death occurred on the date stated	abeve, al:35 A.m.
The CAUSE OF DEATH * was as follows:	
Chronic Interstitial	Nephritis.
***************************************	
/D - : \	yrs. 9 mos. ds.
Contributory Wet, cold, exp	osure.
(Departin)	Dyrsds.
(Signed) (Edward & og	miken M. D.
9/22/30.192 (Address) Viens	,
*State the I iscase Causing Death, Violent Causes, state (1) Means of Ir Accidental, Suicidal or Homicidal.	er, in deaths from jury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospi ients or Recent Residents)	tals, Institutions, Trans-
At place In the of death yrs	teyrsmosds.
Where was disease contracted, if not at place of dea.h?	***************************************
Former or usual residence	***************************************
Saul's Landing, Dor-Co	· Sept., 24/30.
Lewis H. Baenum.	Cambridge,

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write Nanc. tired 6 yrs. business. that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer. Loborer—Coal mine, etc. women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocetc., report specifically the occupations of persons en-Foreman, For many occupations a without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Salesman. single word or term on (6) The ques-Grocery;

Statement of Cause of Death—Name, first, the DEEA I CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"), Typhaid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Brouchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitual nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic valvular heart disease etc. The contributory

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PLACE OF DEATH County Doveliester	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No
Village or City Karne Olton Mc Wellia 2FULL NAME James Sarke Id	Cinkett Med (If death occurred in a hospital or institution, give its NAME instead of street end number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Glord Single,  MARRIED,  WIDOWSO. Sengle  (Write the word)	16 DATE OF DEATH (Month)—(Day) (Year)
Cot 16 <sup>td</sup> , 1923 (Month) (Day) (Year)	that I last saw him alive on May 16 th. 120.
7 AGE  6 yrs. 6 mos. 21 ds. or min.?	and that daath occured on the date stated abova, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	Feelicular tousellitis
9 BIRTHPLACE (State or country Derchester Co, Wed	Contributory Socondary Laryngeal frightheria, cuyfil
10 NAME OF FATHER Thomas W. Finkett	(Signed) Warden M. D. Way 6 1920 (Address) Prestow Med
Z (State or country) Mary Land  12 MAIDEN NAME DOUGY Wowbray  G OF MOTHER DOUGY Wowbray	Violent Cause, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translants or Recent Residants)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yes described by the state of death yes described by the state of death the state of death yes described by the state of death?
(Informant) In Daisy mowbray Penkat	Former or usual residence
(Address) Ochodes dala Sochosta & Prichasta & Prichasta & Prical & Prichasta &	20 UNDERTAKER Welloughly & Med Mely
If more blanks are needed, address Stete Registrar,	, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Laborer, er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Locomolive engineer, Grocery,

Statement of Cause of Doath—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor gneumonia. Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory" "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report more symptoms or terminal conditions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcomu,, etc., of as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY (secondary or intercurrent) affection need not be approved by Committee on (Recommendations on statement of cause of death Examples: Aecidental drowning; Struck by railway train-American Medical Association.) .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, cause for which surgical operation was under-" "Marasmus," "Old Age," "Shock," Indefinite); Tuberculosis of lungs, menetc. The contributory valvular heart disease; Nomenclature of the Always qualify all

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#### \* 6

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the Distance Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospidal fever (the only definite synonym is "Epidemic cerebiospinal meningitis"); Diphilheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

stated unless important. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic ocid—probably sucide. Then ture of the injury, as fracture of skull, and consequences (e.g., sepsis, occident; Revolver wound of head-homicide; Poisoned by or as probubly such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Whooping cough; and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) approved Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid by " "Marasmus, " "Old Age, " "Shock, Committee on Nomenclature Chronic valvular heart disease Example: Measles (disease etc. The Always qualify all contributory

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		OF DEATH Dorchester		04240 <b>©</b>	STATE OF I
Vill			(No. Eastern Shor		
	PERSON	AL AND STATIST	ICAL PARTICULARS	MEDIC	CAL CERTIFICATE
3 s	male	4 COLOR OR RACE	SSINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married		April 22,
6 0	ATE OF BIR	TH (Month)		April 15,	Y CERTIFY, That I att 19230 to Apri 19230 April
7 A		yrs.	lf LESS than l day hrs. or min.?	The CAUSE OF DEA	arred on the date stated ATH * was as follows: On following me
pi pi	f) General na	ofession or d of work ature of industry	Housework	Involution	onal Melancholi
Ju.		etablishment in ed or (employer)		Contributory Secondary	(Duration)
1	10 NAME O	F Mary	rt Windsor	(Signed) Lote	(Duration)
ENTS	11 BIRTHPL OF FATH (State of	ACE ER country) Mary	land		(Address)
PAR	OF MOTH	ier Unkr	nown		ESIDENCE (For Hospi
	OF MOTH (State of	ED	l and	At place of deathyrs	atracted
14	(Informant		State Hosp. Records Maryland	if not at place of de	Maryland Denton, Maryl AL OF REMOVAL
15		2221980	E & Wolff	20 UNDERTAKER	il Mom

#### STATE OF MARYLAND

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

CERTIFICATE OF DEATH

Registration Dist. No.

NAME ELLA PINKINE	number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE, MARRIED. WIDOWED, OR DIVORCED (Write the word) Married	16 DATE OF DEATH April 22, , 19230
(Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from April 15, 19230 to April 22, 1930 that I last saw h er alive on April 22, 1930, and that death occurred on the date stated above, at 4:35 P.s. m.
yrsds.   I dayhrs. ormin.?	The CAUSE OF DEATH * was as follows:  Exhaustion following mental disease
esion or Housework	Involutional Melancholia
re of industry blishment in or (employer)	(Duration)ytsl mosds.
Maryland  Robert Windsor	(Signed) Ste a J. (a a M. D.
untry) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
untry). Maryland	At place of deathyrsmos. 7ds. In the Stateyrsmosds.
TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Maryland Former or usual residence. Nr. Denton, Naryland
Mastern Shore State Hosp. Records	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL (160, 25, 1930)
221980 E & Wolff Redistrar	Ungel Mom Declaw
If more branks are needed, address State Registrar	, 16 W. Saratoga/St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonymis: "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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For outhorisation to change sext see letter from Se Cole-5/23/20.

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

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the first line will be sufficient, e. g., Farmer or Plantor, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthmary to know (a) the kind of work and also (b) the cases, aspecially in industrial employments, it is neces-Civil engineer, Stationary stremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealchould be used only when needed. As examples: (a) additional line is provided for the latter statement; It niture of the business or industry, and therefore an en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook to report specifically the occ pations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House. household only (not paid Housekeepers who receive a Housemuid, etc. If the occupation has been changed :ired 6 yrs.). I usiness, that fact may be indicated thus: Farmer (rewhatever, write None. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the Distanse Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid pneumenia"); Lobar pneumonia, Bronchopneumonia ("Pneumenia."

mges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberoulous of lungs, menuse of "Tumor" for malignant neoplasms); Measles; conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," "Debility" ("Congenital," "Senile," etc.) symptomatic), "Atrophy," "Collapse," "Coma," "Con-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; ...... (name origin; "Cancer" is less definite; avoid State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," ctc., when a definite disease Nomenclature of the American Medical Association.) head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the train-acoident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if Impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or taken. For violent DEATHS state MEANS OF INJURY ment of cause of death approved by Committee on ture of the lnjury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. The na-(Recommendations on state-(second-(merely

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1930

No. 1 00 >

PLACE OF DEATH  County Dovehester  WITHIR CORPORATE LIMITS	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Cambridge (No. 2FULL NAME Hattle Petts	Thomas Ross St.: 2 Ward)  (If death occurred In a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)  6 DATE OF BIRTH  1494	(Motth) (Day) (Year) (Year) (Day) (Year) (Year) (Day) (Year) (Year) (Day) (Year) (Day) (Year) (Day) (Year) (Day) (Year) (Day) (Year) (Day) (Year) (Ye
(Month) (Day) (Year)  7 AGE  3 yrs	The CAUSE OF DEATH * was as follows:
business, or establishment in which employed or (employer)  BIRTHPLACE (State or country) Florida	(Durstion)ds.  Contributory Secondary  (Durstion)
10 NAME OF FATHER Richard Pitts  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 MAIDEN NAME OF MOTHER (State or Country)  15 MOTHER (State or Country)  16 MOTHER (State or Country)	(Signed)
(Informant) Charles Limmons  (Address) Cambridge Md	Former or usual residence  19 PLACE OF BURNAL OR REMOVAL  AUGUS LIVELERY  20 UNIVERTAKER O DORLESS
Filed 1920 Constitution 1920 Registral	ar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from cupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an laborer, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed -Coal mine, etc. (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise\_se, Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebros, inal menin\_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopzeumonia ("Pneumonia,"

> st.ted unless important. Example: Measles (disease carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." State cause for which surgical operation was under-(secondary or intercurrent) affection need American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY cough; Committee on Nomenclature of the Chronic valvular etc. The contributory Always qualify all heart disease; not be

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V. S. No. 1

County Sorenester	01594 STATE OF MARYLAND CERTIFICATE OF DEATH
2100	Registration Dist, No. //D
Village or City Williams Ruy Ro,	St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. Married OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH 5 an. 19", 1853	17 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)  7 AGE    If LESS than   day hrs.   or min.?	
a OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos de
(State or country)  10 NAME OF Sames Fitts,  11 BIRTHPLACE OF FATHER  11 OF FATHER	(Signed) (Address Causing Death, or, is deaths from
(State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death
(Informant) Mrs Plora Pitts, (Address) Williams Burg, Md,	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Har Pock, Md, Feb. 12", 1980
15 Filed Feh // 1980 Robert & Horling 22.	5. T. Framptom & Son Hederals burg
If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., without more precise specification as Doy loborer, Form laborer, Laborer—Cool minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. For many occupations a single word or term on Mrs) For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; etc. The contributory not be

If this cartificate is looked over thoroughly and a'l questione answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

--Every item of information should be carefully supplied. ACE should be stated EXACTLY PHYSI-CIANS should size CAUSE CF DEATH in piain terms so that it may be properly classified. Exact statement of OCC MATION is very important. See instructions on back of certificate. PERMANENT BINDING MARGIN RESERVED FOR T, WITH UNFADING INK-THIS I

V S No. 1

N. B.

PLACE OF DEATH  County Orchestes  WITHIN CORPORATEEINITE OF	1) 4242 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. // 6
Village or City Cambridge (No. 102 2FULL NAME RESERVED OLate	tion, eive its NAME is
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWEO. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
SOATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from  Not at all 192 to 192  that I last saw h 1 alive on 2 192  and that death occurred on the date stated above, at 9.45 Pm.
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	The CAUSE OF DEATH * was as follows:  Communication - Communic
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  CLISTER Glater	Contributory Secondary  (Durstion)  Thos. ds.  (Signed)  Show of the contributory of t
11 BIRTHPLACE OF FATHER Z (State or country) 12 MAIDEN NAME	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Many Johnson  13 BIRTHPLACE OF MOTHER (State or Country)  OF MOTHER Many Johnson	In LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the of deathyrsmosds.  Where was discase contracted,
(Informant) Phany Plater  (Address) Cauch dp. hed	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL
Filed afr. 29 1923 o Selvely Registras  If more banks are needed, addre, a state Negistras	20 UNDERTAKER  Jewis H. Baynes Decelo 19 kg, kg, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the husiness or industry, and therefore an state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. approved by (clanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Committee on Chronic etc. The contributory valvular Nomenclature Always qualify all heart disease;

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PLACE OF DEATH

County Dorcleester	09189 CERTIFICATE OF DEATH
THE TORPODATE LINES OF	Registration Dist. No. 116
Village or City Carula Spe (No	St.: Ward)  (If d-ath occurred I a hospital or institt tion, give Its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Quy 10 , 195 (Month) (Dsy) (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920. to 1920 that I last saw har alive on 192
7 AGE   If LESS than   I day _ hrs.   ds. or / O min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration) yrs mos de Contributory Secondary (Duration) yrs mos de la contributory Secondary
11 BIRTHPLACE OF FATHER (State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sucidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (Nate or Country)	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents)  At place of deathyrs
(Informant) Rev. Lucian L. Pourl	Where was disease contracted, if not at place of dea h?  Former or usual residence
(Address) Secretary had 15 Filed Cary 16 1920 Eslocky Registras	Aspital Quy. 11, 120 20 UNDERTAKER ADDRESS ORNERS At Hapt Countries, Med

STATE OF MARYLAND

(Approved by U. S. Census and American Fublic Health Association.)

the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Coolt, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Without more prover—Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Inal meningitis"); Diphtheria (avoid use of "Croup"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

RIBEA

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Inamorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), st.ted unless important. Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (secondar, or intercurrent) affection need carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Chronic Example: Measles (disease etc. The contributory valvular heart disease;

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Vill		Beach Have		utschack	(182)	RegistrationSt.:Ward	(16 death assure
	PERSONA	L AND STATIST	ICAL PARTICI	JLARS	MED	ICAL CERTIFICATE	OF DEATH
3 \$	Male 4	COLOR OR RACE White	B SINGLE, MARRIED, WIDOWED, OR DIVORCEI (Write the word	Single	***************************************	Dec 24	(Day)(Y
6 0	ATE OF BIRTH		9 ) (Day)	, 1 906 (Year)	<b>*</b>	192 to	······································
7 A		4 yrs. 10	mos. 15 de	If LESS than I day hrs. or min.?	The CAUSE OF D	curred on the date states EATH * was as follows:  Cullimidal	
JA P		of work	armer		Inas	usl-was	ved
b	usiness, or esta	re of industry blishment in			0	(Duration)	
7.	usiness, or esta	blishment in or (employer)	yland	***************************************	Contributory Secondary	(Duration)	yrsmos
7.	usiness, or esta hich employed IRTHPLACE (State or count 10 NAME OF FATHER	or (employer)  Mai		tschack	Contributory Secondary	(Durstion)  (Durstion)  (Mon (Method)  (Address)	Joseph Moe Moe Miller
STN STN	usiness, or esta hich employed IRTHPLACE (State or count) 10 NAME OF FATHER 11 BIRTHPLAC OF FATHER (State or co	ry)  Mal  (Fusts country)	yland	tschack	Contributory Secondary	(Durstion)  (Durstion)  (Mon (Method)  (Address)	Joseph Moe Moe Miller
9 B	usiness, or esta hich employed high the place (State or count) 10 NAME OF FATHER 11 BIRTHPLAC OF FATHER (State or count) 12 MAIDEN N OF MOTHER	ry)  Mai  Gusts  E.  Suntry)  AME  R  Mari	yland y J. Plu	tschack	Contributory Secondary  Officed  *State the Violent Causes, Accidental, Suici	(Duration)  (Durat	mos
PARENTS	INTHPLACE (State or count) INTHPLACE INTHPLACE INTHPLACE INTHPLACE INTHPLACE (State or count)	Gusta Gusta  Gusta  Gusta  Man  Gusta  Man  Gusta  Gusta  Gusta  Gusta  Gusta  Gusta  Gusta  Gusta  Gusta	cyland av J. Plu cermany ie Fuchs ermany		Contributory Secondary  Signed  *State the Violent Causes, Accidental, Suici  18 LENGTH OF ients or Recent  At place of death yrs	(Durstion)  (Address)  (Death state (1) Means of I ideal of Homicidal.  RESIDENCE (For Hosp Residents)  In the State of I ideal of I	mos
PARENTS	INTHPLACE (State or count) INTHPLACE (State or count) INTHPLACE (State or count) INTHPLACE (STATHER) INTHPLACE (State or count) I	Gusta	ryland  or J. Plu  ormany  ie Fuchs  ormany  or My Known		*State the Violent Causes, Accidental, Suici B LENGTH OF ients or Recent At place of death	(Durstion)  (Durstion)  (Durstion)  (Durstion)  (Durstion)  (Durstion)  (Durstion)  (Durstion)  (Address)  (Description  (Address)	yes mos mos mos mos mos mos mos mos mos mo
PARENTS	INTHPLACE (State or count) INTHPLACE (State or c	Gusta Gusta  Gusta  Gusta  Man  Gusta  Man  Gusta  Gusta  Gusta  Gusta  Gusta  Gusta  Gusta  Gusta  Gusta	ryland  Ty J. Plu  Termany  Termany  Tof MY KNOW	LED GE	State the Violent Causes, Accidental, Suici 18 LENGTH OF ients or Recent At place of death yrs. Where was disease if not at place of Former or usual residence.	(Durstion)  (Address)  (Death state (1) Means of I in the state (1) Means of I	mos

STATE OF MARYLAND ICATE OF DEATH

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Ward)

ICATE OF DEATH onth) (Day) (Year). That I attended the deceased from ....., 192....., ate stated above, at ..... deaths from Death, or, of Injury or, in and (2) Whether or Hospitals, Institutions, Trans-

DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

laborer, sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cool; Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it Civil engineer, Slationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmeror given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tclanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "(Exhaustion," "Heart failure, naemorinage, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of Information should be carefully supplied. ACE chould be stated EXACTLY, PHYSICIANS should come controlled by CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCC ATION is very important. See instructions on back of certificate. CORD A PERMANENT MARGIN RESERVED FOR BINDING LY, WITH UNFADING INK--THIS I S No. 1

	0.101
PLACE OF DEATH	STATE OF MARYLAND
County Doubusto	CERTIFICATE OF DEATH
WITHIN CORPORATE LIMITE AF	Registration Dist, No.
1 1 . I del Hart	
Village or City Cambridge Ma (No. 703	Chiphunk Cir St.; Ward) a hospital or institu
(/2 c)	stend of street and
2FULL NAME / Ms COUL	Ma 7 Marson number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
Limale, White Midowed. Willowed. OR DIVORCES (Write the word)	Jan 7 , 193 D
Yungle   Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jan 9 , 185	, 10
(Month) (Day) (Year)	that I last saw har alive on
7 AGE   If LESS than	and that death occurred on the date stated above, at 6.05 a.m.
yrs. D mos. 5 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Constral Nous only
(a) Trade, profession or	Corona necessity
particular kind of work	***************************************
business, or establishment in	(Duration)yrsmosds,
which employed or (employer)	Contributory asteris, Solemis
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF	Duration)de
FATHER Albus Wand	(Signed) M. D
M 11 BIRTHPLACE	Jan 10 1937 (Address) (Decloop, 14
OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether
TI MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of death yis mos ds. State yrs ds.
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea.h?
De Parts dly	Former or usual residence
(Informant) / Was Value Allemant	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Carnhall M	Can do mel Jam 11 . 1932
15 / 15 120 Cappall	20 UNDERTAKER ADDRESS
Filedow, 19 1970 2 Registral	1 Cambridge med
If more hanks are needed, address that hegistra	r, 18 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.
, A	/



(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., Withous Laborer Laborer -Physician, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Compositor, Architect, -Coal mine, etc. Wom-Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise\_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosi inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopaeumonia ("Pneumonia");

74-0-0

unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "IIaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuly American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease;

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PLACE OF DEATH
County Corchestes

028**9**2

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 119

Village	or City Best fred (No.
	2FULL NAME acetta Pritahed

St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  16 DATE OF DEATH  16 DATE OF DEATH  173 0  (Month) 2/ (Day)/9.3 (Year)
6 DATE OF BIRTH  Acception (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  192 to 192 to 193 that I last saw h 21 alive on 193 193 193 193 193 193 193 193 193 193
7 AGE  7 Mos	and that death occurred on the date stated above, at 620- Pm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Duferculsus,
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) / yrs. mos. ds.
9 BIRTHPLACE (State or country)  May level	Contributory Secondary  (Duration)
10 NAME OF FATHER THE CALLEGE ALLEGE	(Signed) M. D. M. D. M. D. (Address) Cycpi M. A.
OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Precile Steerent  13 BIRTHPLACE OF MOTHER  MOTHER	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmosds. Stateyrsmosds.  Where was disesse contracted, if not at place of death?
(Informant) John I britchett Hos	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  A 3/23 3
15 Fil Dags 12 124 VIII & Ritaly	20 UNDERTIKER ANDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Baleo., Requesting V. S. No. 1.

7. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken er," etc., tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emwhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil ongineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of cupation is very important, so that the relative healthworked on may form part of the second statement. Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease, Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) tctanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; causing death), 29 ds.; L. Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic chopneumonia (secondary), affection need etc. The contributory valvular heart disease; Nomenclature of the Always qualify all not be

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V. S. No. 1

PLACE OF DEATH	13757 STATE OF MARYLAND
County Direluster	CERTIFICATE OF DEATH
Village or City Hurlock & hand.	Registration Dist. No
2 FULL NAME Blanch In	a hospital or institution, give its NAME instead of streat and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 2 , 1950
6 DATE OF BIRTH  GUA 26 19	17 I HEREBY CERTIFY, That I attended the deceased from 21 1950. to War 22, 1950
(Month) (Day) (Year)	that I last saw har alive on mor, 22, 1930
7 AGE  If LESS that I day hrs. or min.	. The CAUSE OF DEATH * wes as follows:
e occupation (a) Trade, profession or particular kind of work	Mightheria
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. moss de
which employed or (employer)	Contributory Sacondary
10 NAME OF COLC DUALS	(Signed) (Address) 2400 (Signed) (Address)
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Salte Shawbulg	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not et place of death?
(Informant) Oh Huells Just (Address) Iff edeanlis huff	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Mr 2119230 / L. L. Vashugy	20 UN DERTANTER DE LA
If more blanks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—coat mine, etc. woun-Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. borer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material 9 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the saine accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; ..... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease;

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N. B.-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should sta CAUSE OF DEATH In plain terms so that it may be properly classified. Exact PERMANENT 1 NLY, WITH UNFADING INK--THIS IS

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County & orchester	(90) CERTIFICATE OF DEATH
Village or City Cambudge (No. RY	Registration Dist. No. / 16  St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME A Sephini Ran	tion, give its NAME in-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White Single, Married, Wildowsel, Married, OR DIVORCED (Write the word)	16 DATE OF DEATH , 193.0
may ( 4 , 1863	17 HEREBY CERTIFY, That I attended the deceased from  1930 to 74 + 5, 1923.  that I last saw h w alive on f the TF 15, 1925.
(Month) (Day) (Year)  7 AGE  G 7 yrs. 9 mos. 0 ds. or min.?	and that death occurred on the date stated above, at // 30 pm.  The CAUSE OF DEATH * was as follows:
a CCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15 Filed All 17 190 E & Weight Registrar	(Signed) (Duration) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Address) (Address) (Signed) (Address) (
If more bianks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired work, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. gaged in domestic service for wages, as Servant, Cook, ployed as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many fulness of various pursuits can be known. whatever, write None. busine, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Plonler, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material 07 especially in industrial employments, it is neces-For many occupations a yrs). Form laborer, Loborer-Coal mine, etc. Wom-At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons If the occupation has been changed who have no occupation single word or term on (b) The ques-Grocery; 0:0:0

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: "crobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature "Traemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy," "Erhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," American Medical Association.) (elanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of to injury, accident; Revolver wound of head-homicide; Paisoned by Examples: A ceidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicuenta," "PUERPERAL pertionitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar Whooping cough; use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of "Atrophy." "Collapse." "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi interstitial nephritis, name origin; "Cancer" is less definite; avoid or intercurrent) Chronic Example: Measles (disease affection need not be etc. The contributory valendar heart disease;

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

		DEATH	
County &	4 4	Protes.	
County 0		revis con	.,

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. // 7

St.: Ward)

(If death occurred in

a hospital or institution, give its NAME in-stead of street and

DATE OF BURIAL

number.)

County Doches ter	***********
Village or City Thomas	(No
2FULL NAME	/ Grace Rus
PERSONAL AND STATIST	ICAL PARTICULARS
Female White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 DATE OF BIRTH	
0 ct	25, 1875
(Month	
7 AGE	If LESS than

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH, 192	
17 I HEREBY CERTIFY, That I attended the deceased for Not have till 192 to year that I last saw halve on 192	)
and that death occurred on the date stated above, at	,,m
Heard Suran. (Duration) 4 yrs, mos	
ContributorySecondary	
(Signed). (Duration) yrs. mos. M. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	d
IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Tr. ients or Recent Residents)  At place of deathyrsmosds. Stateyrsmos Where was disease contracted, if not at place of death?	anı
Former of	

business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE

stated EXACTLY, P properly classified.

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UNFADING

OF FATHER ENT (State or country) 12 MAIDEN NAM

B OCCUPATION

a(a) Trade, profession or

particular kind of work

(b) General nature of industry

13 BIRTHPLACE OF MOTHER (State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Registrar

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

usual residence.

(Approved by U. S. Census and American Public Health Association.)

work, whatever, write Nonc. busines, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the (a) Foremon, Civil engineer, Stationary firenum, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of to report specifically the occupations of persons en-Physician, Compositor, etc., or At Home, and children, especially in industrial employments, it is neces-For many occupations a yr8). Form laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Architect, Locomotive engineer, single word or term on -Coul mine, etc. Womnot gainfully em-(E) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same dise see. Examples: Cerebrospinal fever (the only definite synonym is "Epidemin cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

(Recommendations on statement of cause of American Medical Association.) approved telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacanaa," "PUERPERAL perdonitis," etc. "Debility" ("Congenital," "Senile," etc., "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train. or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of ...... name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondar/ or intercurrent) affection need not be Chronic interstitial nephritis, "Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi by Committee on Nomenclature cough; ('hronic Example: Measles (disease etc. The contributory valvular heart discase ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

1939

1PLACE OF DEATH	04243 STATE OF MARYLAND CERTIFICATE OF DEATH
County	90 Registration Dist. No. // 4
Village or City Golden Hell (No. )	St: Ward) (If doath occurred in a hospital cr institution, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  Afric 27, 1938  (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw have alive on Africa 4 1930.
7 AGE  SO yrs. X mos. 20 ds. or min.?	and that death occured on the date stated above, at It to m.  The CAUSE OF DEATH * was as follows:  Landing Carding
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	(Duration) yrs 2 mos 2 ds
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF THE PLES P. Regan	(Signed) P. T. Jawes M. D. Af 22 1992 (Address) Cambridge mg
UN SIRTHPLACE OF FATHER (State or country) UN 12 MAIDEN NAME	*State the Disrase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER ALKALL Brocks  13 BIRTHPLACE	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)  At place In the
(State or country)	of deathyrsmosds. Stateyrsnosds. Where was disease contracted,
(Informant)	if not at place of death?  Former or usual residence.
(Address) Golden (Hill	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL T, 19
15 Filed afril 22 19130 Hers H & Suesech	20 UNDERTAKER ADDRESS Causings M
If more banks are needed, address State Registran	, 16 W. Saratoga St., Balto Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Nervant, Cook work, or At Home, and children, not gainfully emtaborer Farm leborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,' "Foreman," "Manager," "Tealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a nature of the business or industry, and therefore an Physician, Compositor, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) without more precise specification as For persons who have no occupation (b) Automobile Architect, Salesman. factory. The materia Locomotive engineer (6) Grocery; Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal maningitis"); Diphilleria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia.")

"Exhaustion," "Heart failure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "PUERPERAL septicaemia," "PUERPERAL peritonitis," do. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease approved by Committee on icianus) may be stated under the head of "contributory as fracture of skull, and consequences (e.g., servis, carbalic acid-probably suicide. The nature of the injury, accident; Revolver wound of head -homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid valvular heart disease; etc. Nomenclature of the The contributory

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V. S. No. 1

	PLACE OF DEATH	09190		MARYLAND
	County Derchester	(ma)		E OF DEATH
1	Near,	19-20		Dist. No. // D
W 111	2FULL NAME JONES S. Rhedes,		St.: War	d) (If death occurred i a hospital or institu- tion, give its NAME in stead of street an number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICA	AL CERTIFICATE	OF DEATH
3 5	MARRIED, MARRIED, MANUEL  MIDOWED, MANUEL  OR DIVORCED (Write the word)	16 DATE OF DEATH	(Month)	th. 1930 192 (Year)
6 T	Vay, IOth., 1880  (Month) (Day) (Year)		19230 to Qe	ttended the decensed from 28
7 A	If LESS than l day hrs 50 yrs. 3 mos. 18 ds. or min.	. The CAUSE OF DEAT		ed above, at I - A.m
8 0	a) Trade, profession or	akor	1 nea	mores
(le	b) General nature of industry usiness, or establishment in which employed or (employer)	•	(Duration)	yrede
p (b	articular kind of work F2. Cher, b) General nature of industry usiness, or establishment in	Contributory Secondary		
y B B	articular kind of work  D) General nature of industry usiness, or establishment in which employed or (employer)  INTIPLACE (State or country)  10 NAME OF FATHER  Themas J. Rhedas.  11 BIRTHPLACE OF FATHER	Contributory Secondary (Signed)	(Address)(Address)	yrs mos ds  M. D  U.S. M. or, in deaths from
ARENTS MAG	articular kind of work  D) General nature of industry usiness, or establishment in which employed or (employer)  HRTHPLACE (State or country)  10 NAME OF FATHER Themas J. Rhedes.  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed)  *State the Di Violent Causes, stractidental, Suicidal of the LENGTH OF RES	(Address)	
PARENTS M	articular kind of work  D) General nature of industry usiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER Themas J. Rhedos.  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 MIDEN NAME OF MOTHER (State or Country)  15 BIRTHPLACE OF MOTHER (State or Country)  16 MG.	(Signed)  *State the Di Violent Causes, str. Accidental, Suicidal of lents or Recent Record ed the Conference of death	(Address)	m, or, in destha from Injury and (2) Whether
PARENTS M	articular kind of work  D) General nature of industry usiness, or establishment in which employed or (employer)  IRTHPLACE (State or country)  10 NAME OF FATHER TABLES  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 BIRTHPLACE OF MOTHER (State or Country)  15 BIRTHPLACE OF MOTHER (State or Country)  16 MG.  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)  State the Diviolent Causes, state or Recent Recent State or Recent Re	(Address)	m, or, in destha from Injury and (2) Whether pitals, Institutions, Trans
PARENTS M	articular kind of work  D) General nature of industry usiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER Themas J. Rhedos.  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 MIDEN NAME OF MOTHER (State or Country)  15 BIRTHPLACE OF MOTHER (State or Country)  16 MG.	(Signed)  *State the Di Violent Causes, straction or Recent Recen	(Address)	m, or, in desths from Injury and (2) Whether pitals, Institutions, Trans

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physiciam, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material that fact may be indicated thus; Farmer (re-Stationary freman, etc. But in many For persons who have no occupation Locomotive cugineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, curbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (clanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway traindiseases (secondar) Whooping cough; Chronic Chronic interstitial nephritis, Recommendations on statement of cause of "Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as "" "Weakness," etc., when a definite disease or intercurrent) valvular heart disease; affection need not be etc. The. contributory

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PHYSI-

PLAGE OF DEATH County Weschesler  Village or City / ho des des	0.2894 STATE OF MARYLAND CERT!FICATE OF DEATH Registration Dist. No. // O St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Muss camage	tion, give its NAME In- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
mai 3", 1930	19200 , 192
7 AGE  (Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  1 LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Mary Cared 10 NAME OF FATHER MORRIS Pharles	Contributory Secondary Duration) The secondary Duration of the secondary  (Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 7,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Hyundes 1) Trellers  13 BIRTHPLACE OF MOTHER (State or Country)  Mod	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the Stateyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence.
(Addresa) Thodesclale mos	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 3/2/ , 1930
15 Filed may 26 19250 Hobert & Hashings	20 UNDERTAKER ADDRESS

marcus Thodes

Registrar

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an Physician, fulness of various pursuits can be known. whatever, write None. business, that fact may be indicated thus; Farmo (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Compositor, Architect, (b) Automobile factory. The material Locomotive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) approved by "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." occident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary). use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The niture of the injury, Examples: Accidental drowning; Struck by roilway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi interstitiol nephritis, " "Marasmus, " "Old Age, " "Shock," cough; Committee on Chronic volvular heart disease etc. Nomenclature of the The contributory

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PLACE OF DEATH	STATE OF MARYLAND
County	CERTIFICATE OF DEATH
	Registration Dist. No. 115
Village or City (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Calaice Lever	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Lee 28 , 1910	M. C. 7 1980. to M. N. 27 , 1980.
(Month) (Day) (Year)	that I last saw ham alive on MW. 27 1930,
7 AGE   If LESS than	and that death occurred on the date stated above, at
19 yrs. 10 mos. 79 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Inherentoris of Lungs
(a) Trade, profession or Planticular kind of work	
(b) General nature of industry business, or establishment in	(Duration) Z yre, mos de.
which employed or (employer) working store	Contributory
(State or country)	Secondary (Duration) yrs., mos., ds.
TO NAME OF Glace Program	(Signed) James W. Meade M. D.
11 BIRTHPLACE	har 193 0 (Address) Islamy Celly mg
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME S M Sale	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country)	of death yrs mos ds. State yrs mes ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) My alain Reg of win	Former or usual residence
(Address) Fishing Creek	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  11/29, 30
Filed Nr. 281980 James Meace	20 UNDERTAKER  LISTE Campt Reschief Med
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

OBMER

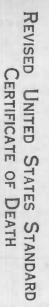
(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive Foreman, or At Home, and children, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, (b) Cotton mill; (a) Salesman, (b) Grocery, man, (b) Automobile factory. The material without more precise specification as Day Laborer-Coal mine, etc. person, irrespective of not gainfully eminaterial engineer, Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted berm for the same disease. Fxamples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of ........ (name origin; "Cancer" is less definite; avoid "Exhaustion," "Heart failure, "Old Age," "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a dcfinite disease "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephrilis, cough; Chronic valvular hourt disease; etc. The contributory

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(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (o) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screaut, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, (b) Automobile foctory. The material Locomolive (b) Grocery, cuginser,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrospinal fever (the only definite synonym is 'Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart range, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telants) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (sccondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Whooping (Recommendations on statement of cause of by Committee on cough; Chronic valvular heart disease etc. Nomenclature of the The contributory

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V. S. No. 1

	PLACE OF DEATH  County Dorchester	09191 STATE OF M CERTIFICATE (29) Registration D	OF DEATH
/	Village or City Vienna, R.D. (No	St: Ward)	(If death occurred in a hospite! or institu- tion, give its NAME in- steed of etreet end number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
	Male Colored Single. Married.  Male Colored Widowed.  OR DIVORCED (Write the word)	August 12th.	1930, 192
	May 2nd . , 1902 . (Month) (Day) (Year)	July 23" 130 to July that I last saw h im alive on July	nded the decessed from 23", 150 e, 23", 1930 a92,
	28 yrs. 3 mos. 10 ds. or min.?  8 OCCUPATION (a) Trade, profession or particular kind of work  EX-World -War Vet-	The CAUSE OF DEATH * was as follows:	
0	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary	yrsds.
	(State or country)  Maryland.  10 NAME OF FATHER  James Robins.	(Signed) Davard Daration) (Signed) Davard Da	Md.
	OF FATHER (State or country)  Maryland.  12 MAIDEN NAME  B.	*State the I ls ase Causing Death, Violent Causes, state (1) Means of inju Accidental, Suicidsl or Homicidal.  18 LENGTH OF RESIDENCE (For Hospite	
	of Mother Mary Richardson:  13 BIRTHPLACE OF MOTHER (State or Country)  Maryhand.	ients or Recent Residents)  At place In the of deathyrs	
	Lewis Baenum, Undertaker,  (Informant) Cambridge, IId.	if not at place of dea.h?  Former or usual residence	
	(Address)	Cambridge, Md.	Aug., 14"1930
	15 Filed G 1 3 193 192 Edward & Local Fregistras	Lowis Baenum	Cambridge, Md
	if more b.anks are needed, addre.e State Kegistran	r, 16 W. Saratoga St., Balto., Requesting V. S.	, ho. 1.

(Approved by U. S. Census and American Public Health Association.)

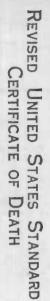
tired 6: yrs). fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. g ged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewije, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Civil engineer, Physician, Compositor, Architect, tion applies to each and every Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) first line will be sufficient, c. g., Farmer or Planter, sician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material person, irrespective of (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-pinal fewer (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Deblity" ("Congenital," "Senile," etc.), "Dropsy,"
"Ezhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease, ," "Coma," "Convulsions, etc. The contributory Nomenclature

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PLACE OF DEATH	0402 STATE OF MARYLAND
County Deschroll	CERTIFICATE OF DEATH Registration Dist. No. // D
Trenchall 10	
Village or City Henchtele (No. Ind  2FULL NAME Ellowel /4	St: Ward) (If death occurre a hospital or institution, give its NAMI stead of street number.)
PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	26 16 DATE OF DEATH Jan 2, 4 , 1923 (Month) // (Day 525 (Year
6 DATE OF BIRTH  GULG 24 1	929 Saus for el High the Joseph 1929
(Morth) (Day)	(Year) that I last saw hadive on
//     da	ESS than and that death occurred on the date stated above, at
	min.? Sur old /num
a) Trade, profession or how 9	
particular kind of work  (b) General nature of industry	
business, or establishment in	(Duration) yrs. mos
which employed or (employer)	Contributory
(State or country) Mid	Secondary (Duration) yrsmos
10 NAME OF	(Simed) Lothoge
FATHER Co harley lotrus	Ou Jan 28 1988 (Address) Theslock 2
of FATHER (State or country) May land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Many Lee Lelah	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, To
13 BIRTHPLACE OF MOTHER (State or Country) Many Cancl	ients or Recent Residents)  At place In the of deathyrsmosds. Stateyrsmes
(State of Country)	Where was disease contracted,
The state of the s	if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence
The state of the s	Former or
(Informant) There's To the Best OF MY KNOWLEDGE (Informant) There's To truson (Address) Hedearlows me	Former or usual residence



(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from er," etc., Spinner, (b) Colton mill; (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken household only (not paid *Househeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, yrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material and children, not gainfully em-Salcsman. (b) Locomotive engineer, Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-...Ward) tion, give its NAME instead of street and **2FULL NAME** number.) proper stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COLOR OR RACE 16 DATE OF DEATH WIDOWED. OR DIVORCED pino (Write the word) .....(Day) (Month) 17 I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH nstructions (Month) (Year) (Day) If LESS than and that death occurred on the date stated above, at L I day hrs. The CAUSE OF DEATH \* was as follows: or min.? la) Trade, profession or particular kind of work (b) General nature of industry ۵ business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE MARGIN Secondary (State or country) be EA 20 (Signed) L shot E OF (Address) OF FATHER \*State the Disease Causing Death, or, in S Violent Causes, state (1) Means of Injury (State or county) and" Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place of death. In the OF MOTHER ...yrs.....mos..... (State or Country should ent of O Where was disease contracted, if not at place of death? OF 14 THE ABOVE IS TRUE Every item CIANS sho statement Former or usus residence DATE OF BURIAL OR REMOVAL Registrar 00 If more branks are needed, address State Registrar, 1/2 W. Saratoga St., Baylo., Requesting V. S. No. 1.



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diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age, Shock, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Corcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely can be ascertained as the cause. Always qualify all (Recommendations on statement of cause of as fracture of skull, and consequences e g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Examples: Accidental drowning; Struck by roilwoy troin-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY name origin; "Cancer" is less definite; avoid cough; " "Marasmus, " "Old Age, " "Shock, Chronic valvulor heart disease; etc. The contributory

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PLACE OF DEATH  County Drecheste County.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 119
Village or City J. Mille, (No	St: Ward)  St: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED. (Write the word)  (Month) (Day) (Year)	(Month) (Day) (Year) (Month) I HEREBY CERTIFY, That I attended the deceased from 1972 to 2 , 1972 , that I last saw herealive on Allert (J. 1972 , 1972 ,
7 AGE    If LESS than   I day hrs. or min.?     a Trade, profession or particular kind of work	and that death occurred on the date stated above, at
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration) yre mos de.  Contributory Secondary (Duration) yre mos de.
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  Z (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs ds.  Where was disease contracted,
(Informant) bellie Assertion Jr.  (Address) Jellie Assertion Jr.  (Address) Jellie Assertion Jr.  (Address) Britchett	if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  PLACE 23, 1930  20 INDERTAKER  ADDRESS  Cambridge
If more bianks are needed, address Stato Registra	r, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

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Typhoid fever (never report "Typhoid Pneumonia,");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropay," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all Whooping cough; Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Committee on Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 115

NAME Miscouring	St: Ward)  Robruson  (If death occurred in a hospital or institu- tion, give its NAME in- stead of atrect and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH & 25
Oct 29 , 1 936 (Month) (Day) (Year)	that I iast saw halive an, 192,
Ilf LESS than	and that death occurred on the data stated abova, at f. f. m.
I day hrs.	The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.?	- Byg.
asion or follows.	Solliss Comage;
re of industry blishment in or (employer)	(Durstion)yrsmosds.
ry)	Contributory Secondary
Chas Robinson	(Signed) M. D.
suntry inchinele Md	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
Mary Tilghman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
untry) maryland	ients or Recent Residents) At place of deathyrsmosds.  In the Stateyrsmosds.
TRUE TO THE BEST OF ME KNOWLEDGE	Where was disease contracted, if not at place of death?
Charles Robinson	Formet or usual residence
) Federalding not	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Oct 30, 1934
9° 1970 H. L. Haslings Registrar	Charlie Rohmon Federalsburg
If more branks are needed, address Stata Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

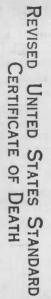
EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicidc. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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V. S. No. 1

1PLACE OF DEATH	06674 STATE OF MARYLAND
County.	CERTIFICATE OF DEATH
THIN GORPONE	Registration Dist. No.
Village or City (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and
<sup>2</sup> FULL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 6 - 7, 1923 co (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I ettended the decessed from
6-7,1930	6-7 1927 o to 6-7 , 1923
(Month) (Day) (Year)	that I last sew halive on for forty 192.
7 AGE   If LESS than	and that deeth occurred on the date stated above, et
I dayhrs.	The CAUSE OF DEATH * was es follows:
yrsmosds. ormin.?	Visco - of process
(a) Trade, profession or 7	
particular kind of work  (b) General nature of industry	01-01-00-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-
business, or establishment in	(Duration) yrs. 3 mos ds
9 BIRTHPLACE (State or country) Sw. C. C.	Contributory Secondary  (Duration) yrs mos ds
10 NAME OF Bonton Roof.	(Signed) M. D. M.
OF FATHER (State or country)	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER / Lelen Parks	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos ds. In the State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was discess contracted, if not at place of dee.h?
July Trungling lais	Former or Bett. and
(Informant)	District of Burial OR REMOVAL PATE OF BURIAL SURVEY, 1930
15 File File 1980 E E Willy Registrar	20 UNDERTAKER HASPEN AUTOR DE
If more banks ere needed, addre.s Stete Registrar	, 16 W. Saratoge St., Balto., Requesting W.S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; Chronic etc. The contributory valvular heart disease; not be

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BINDING

MARGIN RESERVED FOR

S. No. 1.

PLACE OF DEATH  County & orchester	01596 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Church Greek (No ,	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX   4 COLOR OR RACE   5 SINGLE, MARKED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH    Charles   26   192.0   (Month) (Day) (Year)
(Mgith) (Day), 1 (Year)  7 AGE    If LESS than   dayhrs.   da	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) Manyland	(Duration)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF  WAIDEN NAME OF  WANTE OF  WATER  OF  OF  OF  OF  OF  OF  OF  OF  OF  O	(Signed) John M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER Many Ifalling  13 BIRTHPLACE OF MOTHER (State or country) Manyland.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts, or Recent Residents)  At place of death yrs. mos. da. In the State, yrs. mos. de.  Where was disease contracted,
(Informant) Many G. Rose (Address) Charles Creek Med.	if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Cleurch Crark ma Mich 1 1929
Filed File 25 1927 Selvely Registrar	20 UNDERTAKER Louri Brynen Cambidge  16 W. Saratoga St., Balto, Requesting V. S No. 1
was some of negrot, autient build hogistial.	AV 11 NHAUSUBE UNE AND AND THE STORY OF THE

(Approved by U. S. Census and American Public Health Association.)

rature of the business or industry, and therefore an Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planton, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, repectally in industrial employments, it is necesworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) definite salary), may be entered as Housewife, Househousehold only (not paid Housekespers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer er," etc., (a) Foreman, (b) Automobile factory. I usiness, that fact may be indicated thus: Farmer (re state occupation at beginning of iliness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enpioyed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully em-...ed 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed Whatever, write None. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom-The material

EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid pneumonia"): spins | meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-Lobar pneumonia, Bronchopneumonia ("Pneumonia." Statement of Cause of Death-Name, first, the Dis-

> ment of cause of death approved by Committee on stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; myes, peritonasum, etc., Carcinoma, Sarcoma, etc., of ......... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosts of lungs, menconditions, such as "Asthenia," "Anaemia" (merely head of "contributory." symptomatic), "Atrophy," "Collapse," "Соma," "Сопary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia Whooping cough; Chronic valvular heart disease; rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvuisions," "Deblilty" ("Congenital," "Senlie," etc.), (secondary or intercurrent) affection need not be quences (e. g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely, and qualify as accmental, suicidal, or homicidal, or taken. For violent peaties state means of injunt State cause for which surgical operation was under-"Purperal septicaemia," "Purperal peritonitis," etc. discases resulting from childbirth or miscarriage as cau be ascertained as the cause. Always qualify all "Uraemla," "Weakness," etc., when a definite disease Nomenciature of the American Medical Association.) ture of the injury, as fracture of skull, and consetrain—accident; Revolver wound of head—homicide; Examples: Accidental drowning; Struck by railway Poisoned by carbolic acid-probably suicide. The na-(Recommendations on state-Example: Measles (disease (second-

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statement of OCCLPATION is very important. See instructions on back of certificate.	1

	PLACE OF DEATH County Dorchester	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. //6
Viii	age or City Cambridge (No. Eastern Short	Ward)  (If d-ath occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Dingle	July (Month) 12 (Day) 1930 (Year)
6 D		17 I HEREBY CERTIFY, That I attended the deceased from  January 18, 1928 to July 12, 19230, that I last saw h im alive on July 12, 1950.,
7 A	GE    ST   ST   ST   ST   ST   ST   ST   S	and that death occurred on the date stated above, at 12:25P.sm. The CAUSE OF DEATH * was as follows: Chronic myocarditis
(le bi	Trade, profession or articular kind of work  General nature of industry siness, or establishment in hich employed or (employer)  IRTHPLACE (State or country)  Mar yland	About 5 yrs. (Duration) yrs. mos. ds.  Contributory Arterio-sclerosis Secondary Unknown (Duration) yrs. mos. ds.
PARENTS	10 NAME OF FATHER Thomas R. Rowins  11 BIRTHPLACE OF FATHER (State or country) Naryland  12 MAIDEN NAME OF MOTHER Margaret E. Wright	(Signed)
	13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of death
14	(Informant) E.S.S.Hospital Records  (Address) Cambridge, Maryland  Filed 12 192 Selder	Former or usual residence. Elwood, Maryl and  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  4. H Williaghly  ADDRESS  ADDRESS  When Marke
=	If more b.anks are needed, addre.s Ltate Registra	r, 16 W. Saratoga St., Bulto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia")

atic), "Atrophy, "Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Ilaemorrhage," "Shock," "Shock," "Warasmus," "Old Age," "Shock," "Warasmus," "when a definite disease st\_ted unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronicetc. The contributory affection need not be valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PIRMANENT RECORD. Every MARGIN RESERVED FOR FINDING

should state Exact statement of OCCUPA. of infor-PHYSICIANS mation should be corefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. E TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Dorchester,	Registration Dist. No. // O
Village or City Near Shaystown Ma	No. St. Ward
(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmore	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Elizab M. Kuars	R
(a) Residence: No. JOAR Bure Out. R.	O-St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
M. J. J. DIVORCED (write the word)	21. DATE OF DEATH  December 17 193 0
50. If married, widowed, or divorced	(Month) (Doy) (Yeor)
HUSBAND of L	22. I HEREBY CERTIFY. That I attended doceased from
(or) WIFE of Cla Ruak	mat at call 19
6. DATE OF BIRTH (month, doy, and year) Sam. 1, 1867	I last saw h. Triggorf at all 19 ; death is said
7. AGE Yours Months Doys If LESS than	to hove occurred on the dote stoted above, at
63 1 6 1 day,hrs.	wore as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Exposure - Body found
kind of work done, os SPINNER, SAWYER, BODKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Dote deceased lost worked at this occupation (much and	2 year lots)
a shall ill fill?	
year) occupation occupation	Othor Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (Stote or country)  (Stote or country)	
13. NAME  14. BIRTHPLACE (city or town) Micomico C.	
14. BIRTHPLACE (city or town) (State or country)	Namo of operation Date of
	What test confirmed diognosis? Wos there on outopsy?
15. MAIDEN NAME	23. If doath was due to external couses (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Howard Jt. Pluate	Specify whother injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Plactaisone am. Jan Dec 1/2 1032	Mannor of injury
Saluty Maryland	Noturo of injury
19. UNDERTAKER (Address) Salation Md.	24. Wos disoase or injury in ony way reloted to occupation of deceosod?
20. FILED DZC. / 1932, 1 20	(Signod) John more fr M.D.
M/O aslung 8 Registrar.	(Address) Cambridge Md
// If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 neur

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N.B.-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should stated CAUSE CF DEATH in plain terms so that it may be properly chastified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD A PERMANENT AINLY, WITH UNFADING INK--THIS Y

BINDING

MARGIN RESERVED FOR

S No. 1

PLACE OF DEATH	05513 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
	Registration Dist. No. //
Beat de Hearlin	(16 death assured In
Village or City Myof Mo. (No.	St: Ward) a hospitul or institu- tion, give its l'AME is
Melle: & Kee	stead of street and number.)
<sup>2</sup> FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 24, 1933
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
mand 17 872	Jan 192 . to My 2 4 , 1920,
(Month) (Day) (Year)	that I last saw her alive on 1975,
7 AGE [If LESS than	and that death occurred on the date stated above, atm,
1 day hrs.	The CAUSE OF DEATH * was as follows:
yrsds.   ormin.?	Parisone A lution
8 OCCUPATION (a) Trade, profession or	Caran Tra & Carans -
particular kind of work  (b) General nature of industry	***************************************
business, or establishment in	(Duration)yrsmosds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Make Read	Secondary
I 10 NAME OF 0	Duration) yrsds.
FATHER Terre tretahets	(Signed) M, D.
11 BIRTHPLACE	My 2 1920 (Address) Charles
OF FATHER Z (State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether
W 12 MAIDEN NAME	Accidental, Suicidal of Homicidal.
of MOTHER	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 EIRTHPLACE	At place in the
(State of Country)	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
Joseph 6. Recart	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Deckey Keers 2 0/26, 130
15 mg 15 20 1 P 1 R. + 1. H	20 UNDERTAKER ADDRESS
Filed May 20 1930 William to Victoria	If to Carrent Carelady May
If more b.anks are needed, addre.s tate Kegistra	, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on cspecially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day Locomolive engineer,

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

(Recommendations on statement of cause of death American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

1610

PLACE OF DEATH	01597 STATE OF MARYLAND
County Barchester	CERTIFICATE OF DEATH  Registration Dist. No. 117
Village or City Hullon (No	St.: Ward) (If death occurred in a hospital or institu-
-TOUC NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 192
6 DATE OF BIRTH 7 20 , 1930	Tel 1930 to File 26 , 1950 that I last saw how alive on file 26 , 1950
(Month) (Day) (Year)	10
7 AGE    If LESS that   I day hr   hr   hr   hr   hr   hr   hr   hr	s. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of induatry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yis mos
10 NAME OF FATHER GRANNELLE H Revails	(Signed) & Cl Scotus M. D - Le 20 1980 (Addiess) & Chusque M.
OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  WAY  OF MOTHER  WAY  STATES  DEMONSTRATE  OF MOTHER  OTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF M	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mary Tres a Bernett	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country).	At place of deathyismosds. In the Stateyrsmosds  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence.
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	James 7et 21, 1930
Filed 192 Registrar	20 UNDERTAKER ADDRESS G L Le Compte Cambridge

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. business, that fact may be indicated thus Furmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Normant, Cook ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, fulness of various pursuits can be known. cupation is very important, so that the relative health-Housemoid, etc. If the occupation has been changed en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report etc., For many occupations a single word or term on Or Farm laborer, Luborer-Coal mine, etc. Wom-At Home, and children, without more precise specification as Day specifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. Architect, Locomotive not gainfully em-But in many engineer,

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same uccepted term for the same dise.se. Examples: Cerebrosphul fever "the only definite synonym is "Epidemic cerebrospinal meringitis": Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> · American Medical Association. "Debility" ("Congenital," "Senile," etc., "Dropsy," "Echaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL replicamia," "PUERPERAL perilondis," etc. uccident; Revolver wound of head-homicide; can be ascertained as the cause. Always qualify all stated unless important. Example: Measles as fracture of skull, and consequences e g., sepsis, curbolic acid-probably suicide. Then ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOVICIDAL, taken. FOR VICLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy" "Collapse." "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. name origin; "Cancer" is less definite; avoid interstitial cough; or intercurrent) affection need not be Committee on nophritis, (hronic etc. valendar heart disease; Nomenelature The contributory Measles; disease under-

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